Announced Inspection Report: Independent Healthcare

**Service:** Vermilion - The Smile Experts, Edinburgh

**Service Provider:** Vermilion - The Smile Experts Limited

26 September 2019
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www.healthcareimprovementscotland.org
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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 Vermilion - The Smile Experts on Thursday 26 September 2019. We spoke with six members of the team during the inspection. Before the inspection, we asked the service to display a poster asking patients to contact us directly with feedback on the service. We telephoned two patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of two dental inspectors.

What we found and inspection grades awarded

For Vermilion - The Smile Experts, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<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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</table>
the service’s on-site decontamination room. The service met all criteria from the national dental combined practice and sedation practice inspection checklists used during this inspection.

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

| 9.4 - Leadership of improvement and change | Leadership was visible, open, supportive and communicative. A newly formed leadership team had been created to support the general manager and practice owner. Staff met together regularly, and the service had established a good reputation in the wider dental community. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement. | ✔️ Good |

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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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records showed detailed consultation, assessment and treatment planning were carried out before informed consent was gained for treatment.</td>
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</tbody>
</table>

**Domain 7 – Workforce management and support**

| 7.1 - Staff recruitment, training and development | Adequate recruitment, training and development systems were in place. Staff were appropriately registered with the relevant professional registration bodies. The service’s induction procedure should be improved. |
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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Vermilion - The Smile Experts Limited to take after our inspection**

This inspection resulted in four recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Vermilion - The Smile Experts for their assistance during the inspection.
2 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

The service provided good quality care. Patients had their treatment explained to them and understood expected outcomes and potential risks. A clear and accessible complaints procedure was in place. A more formal method should be introduced to collect and use feedback from patients to improve the service.

Clinicians discussed treatment options and risks before agreeing a treatment plan with patients. A written treatment plan was provided to the patient and the referring dentist before the treatment appointment. This provided information on treatment options and risks, as well as the cost for treatment. Written consent was obtained before the start of treatment. Patients were also provided with a patient information handbook at their first appointment.

Patients we spoke with were happy with the quality of treatment provided and were confident in the care they received. They knew what to expect in their treatment and how they would feel afterwards.

A clear, written complaints procedure was available in the reception area, in the patient information handbook and on the service’s website. Staff we spoke with understood this policy. Learning from complaints, and positive and negative feedback received, was shared with the clinic team at their daily morning meetings and practice meetings.

We saw a recent referring dentist survey carried out by the service. Feedback from referring dentists was very positive, and they were very satisfied with the quality of experience and service provided.
What needs to improve

The service aimed to provide a written treatment plan at least 2 weeks in advance of treatment. This allowed time for the patient to read and digest their plan and contact the service if they had any questions. Staff told us they sometimes struggle with achieving this due to work pressures and staff absence (recommendation a).

We saw evidence of informal feedback received from patients. The service had recently carried out work to introduce a formal patient satisfaction survey. This had not yet been rolled out to patients. It is important a systematic and structured approach to collecting patient feedback is introduced as this would help to continually improve how the service was delivered. This should include:

- analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation b).

The service had recognised that staff required refresher training on safeguarding and consent.

- No requirements.

Recommendation a

- The service should develop and implement a monitoring system to ensure that patients receive accurate and timely treatment plan information and costings.

Recommendation b

- The service should implement its patient feedback policy to direct the way it engages with patients and uses their feedback to drive improvement.
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

Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. 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 and sedation practice inspection checklists used during this inspection.

NHS dental services are inspected using the national Combined Practice Inspection and Sedation Practice Inspection Checklists to ensure the safe delivery of care. These checklists have 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 and sedation practice checklists during this inspection. All essential and best practice criteria on this inspection were met.

The service was delivered from modern, purpose-fit premises, and provided a clean and safe environment for patient care and treatment. The fabric and finish of the clinic was of a high standard throughout. At the time of the inspection, all areas were clean, tidy and well organised. The service’s five clinical rooms were well designed and fully equipped for the procedures offered. Patients felt they were safely treated in modern, clean and bright premises.
The service’s onsite decontamination room was well equipped with a washer disinfecter and autoclaves used to clean and sterilise equipment. Service contracts were in place for this equipment. Nursing staff had been trained to carry out the decontamination (cleaning) and sterilisation of all reusable patient equipment. Instruments could be safely and easily transported from treatment rooms to the decontamination room. Nursing staff had a full understanding of the service’s decontamination process and were able to show us how they safely processed instruments as part of our inspection process.

Infection prevention and control policies and procedures were in line with national best practice. Where appropriate, single use patient equipment was used to prevent the risk of cross-infection. Contracts were in place to ensure all clinical waste was disposed of safely.

A range of radiological examinations, including taking 3D images, could be carried out to aid treatment planning and treatment. The clinic had a dedicated x-ray room and two mobile x-ray units. All radiological machines had regular safety assessments and a radiation protection file was in place. Radiographic images (x-rays) were stored securely on the electronic patient care records.

Staff carried out annual training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. The service provided dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place), including advanced sedation techniques in the presence of an anaesthetist. Suitable sedation monitoring equipment was available. All sedation team members had carried out additional life support training and had been suitably trained in the conscious sedation techniques carried out. Staff kept their skills up to date through regular and appropriate training and education. Monitoring of the drugs and the emergency equipment took place on a daily, weekly and monthly basis, in line with the service’s protocols.

Good systems and processes were in place to ensure the care environment and equipment were safe. We saw maintenance contracts for fire safety and detection systems. Appropriate electrical safety checks were carried out, and health and safety and radiation safety risk assessments had been completed and were regularly updated.

- No requirements.
- No recommendations.
**Our findings**

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

Patient care records showed detailed consultation, assessment and treatment planning were carried out before informed consent was gained for treatment.

The service had an electronic practice management software system and patient record keeping system. We reviewed a number of electronic patient care records. These were comprehensive, detailing robust assessment and thorough clinical examination, treatment and aftercare information. Patient care records included a range of digital photographs, radiographs and scans. We found these to be of good quality. All selected scans were accessible and had been suitably reported. Specialist radiologist reports were available for some scans.

The practice management software system included scanned copies of patient and dentist correspondence. These records included signed written consent documents and correspondence to referring clinicians.

Confidentiality protocols and data back-up systems were in place to manage patient information securely.

A clinical meeting was held every week where all clinicians met together to discuss challenging patient cases and treatment plan options.

Where appropriate, patients were seen by two specialists during the consultation process to ensure a robust treatment plan was created. Surgical patients were reviewed post-surgery, at the end of their treatment plan and then again every year. Patients received a telephone call post-surgery and were also seen 2 weeks post-surgery.

If any complications occurred after surgery, a dentist was available for the patient 24 hours a day, 7 days a week. Post-operative advice was also given to all patients.

- 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

Adequate recruitment, training and development systems were in place. Staff were appropriately registered with the relevant professional registration bodies. The service’s induction procedure should be improved.

The service checked professional registration status before staff started their role. Each staff member was provided with a job description. An induction programme was in place for new employees. A mentor was identified for new employees, if required.

Each nurse had a personal development plan in place and staff had an annual appraisal carried out. All staff had annual training plans.

All staff had appropriate training for the job role they carried out. Trainee dental nurses were supported by a mentor.

What needs to improve

While we saw evidence of most of the required personnel paperwork from the Combined Practice Inspection check sheet, some of the required evidence was not available at the time of inspection. The service’s induction procedure should be improved (recommendation c).

■ No requirements.

Recommendation c

■ The service should introduce a robust induction procedure and checklist for all team members to ensure all personnel evidence requirements in the Combined Practice Inspection documentation are met.
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

Leadership was visible, open, supportive and communicative. A newly formed leadership team had been created to support the general manager and practice owner. Staff met together regularly, and the service had established a good reputation in the wider dental community. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

Staff we spoke with described a positive team culture. They told us the practice owner and general manager were visible. The general manager had taken on the full running of the clinic this year due to the practice manager leaving. The service had also expanded to two further sites. The general manager had recently recruited a head receptionist to assist with some administrative tasks.

The general manager was described by staff as being very supportive, approachable and actively encouraged staff contributions to developing and improving the service. Staff knew their roles and appeared to take ownership for their tasks.

The service recently held a staff development day which all staff attended. This allowed the team to contribute their ideas for how to improve the service further. The day was well received by staff, and the management team had taken ideas from this day to improve how the service was run.

The service organised a symposium, which welcomed more than 80 referring colleagues to hear updates from Vermilion clinicians. A keynote speaker had been invited who was widely known in the UK. This had been extremely well received. The service had built up an excellent reputation with referring dentists, and a specialist from the clinic and a referring dentist had recently presented at a national conference on team working.
The service carried out regular audit and research. A research and audit co-ordinator was employed to help with this work. This allowed the service to learn and develop its patient outcomes and implement changes to improve the treatment patients received. The service recently published and presented an audit of patients who required advanced sedation for complex oral surgery procedures.

Regular practice meetings were held and a diary meeting took place every morning. Regular team meetings for nurses and administration teams, and monthly leadership meetings, were also held. We observed the weekly clinician meeting during the inspection.

A patient and referrer newsletter was produced every 3 months and a staff newsletter was distributed to all staff. The service’s website was also updated regularly, and both staff and patients could access this.

**What needs to improve**

Although improvements had been made to how the service was delivered, the service acknowledged these were often not done in a structured way to allow it to record service improvement processes and outcomes. A quality improvement plan would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

- No requirements.

**Recommendation d**

- The service should develop and implement a quality improvement plan.
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.

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<tr>
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<tbody>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td><strong>a</strong> The service should develop and implement a monitoring system to ensure that patients receive accurate and timely treatment plan information and costings (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<td><strong>b</strong> The service should implement its patient feedback policy to direct the way it engages with patients and uses their feedback to drive improvement (see page 8).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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## Domain 7 – Workforce management and support

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<td>None</td>
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<tr>
<td>c The service should introduce a robust induction procedure and checklist for all team members to ensure all personnel evidence requirements in the Combined Practice Inspection documentation are met (see page 12).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

## Domain 9 – Quality improvement-focused leadership

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<tr>
<td>d The service should develop and implement a quality improvement plan (see page 14).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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
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
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