Announced Inspection Report: Independent Healthcare

**Service:** Smile Central, Glasgow
**Service Provider:** Smile Central Limited

27 May 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 Smile Central on 27 May 2019. We spoke with the manager during the inspection. We also received feedback from three patients through an online survey we had issued and from feedback given to the service. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Smile Central, 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>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<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>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Communication between the service manager and staff was good. There was no formal meetings between the manager and staff. | ✓ Satisfactory |

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

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Smile Central to take after our inspection**

This inspection resulted in two requirements and six recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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)

Smile Central Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Smile Central 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.

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**Our findings**

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

**Patients were given enough information. Patient privacy could be improved in treatment rooms. Methods for gathering feedback could also be improved.**

All consultations at the service were appointment-only. Patients were given a minimum of 1 week to consider their treatment.

The service shared information about treatments to its patients through its website and information leaflets given at consultation. Patients were asked to complete a feedback questionnaire after their treatment.

We received feedback from three patients about their experiences of the service. All patients agreed they had been given enough information about the service and treatment in a format they could understand. All stated that the risks and benefits had been explained to them before the treatments. Comments included:

- ‘Treatment options were clearly defined on their website. Easy to make an appointment.’
- ‘Was given a form that contained info about the treatment and the dentist answered any questions I had.’

The service’s complaints policy was displayed at reception for patients to see and included contact details with information about how to make a complaint to Healthcare Improvement Scotland.
**What needs to improve**

Other than the post-treatment questionnaire, the service did not have formal methods to gather patient feedback. While some good feedback was received, the service did not have a structured approach in place to collate it and drive improvement (recommendation a).

While the service’s website had a link to Healthcare Improvement Scotland’s site for complaints information, this was not working at the time of our inspection. We will follow this up at future inspections.

We saw that the windows were screened in the treatment room for privacy. However, the treatment door did not have a lock and could compromise patient privacy as other practitioners work in the building. We will follow this up at future inspections.

**Recommendation a**

- We recommend that the service should develop a participation policy and implement a structured approach to gaining feedback, analysing and taking improvement actions.
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. We did not see a regular programme of audits to help the service make improvements. Consent for sharing patients’ information was not gathered.

We saw that all areas of the service were clean, well-maintained and free from clutter. From our observations, we saw compliance with infection prevention and control procedures in line with the service’s policy, including the safe disposal of medical sharps and clinical waste. Single-use patient equipment was used for clinical procedures to prevent the risk of cross-infection. From the feedback we received, all patients were satisfied with the standard of cleanliness in the service. We saw that a qualified electrician regularly serviced all equipment used in the service to make sure it was safe to use.

Both dentists in the service were trained in dealing with medical emergencies and emergency medications were available. The service’s medication policy covered all aspects of the safe and secure handling of medicines. This included procurement, storage, prescribing and administration of medicines. Patient care records noted the medications used, including their batch number and expiry date.

Patients were given an aftercare leaflet which included the service’s regular contact number as well as an emergency number.

The service had no documented accidents or incidents at the time of our inspection. However, we saw an accident book was available to record any incidents in it.
What needs to improve

The service did not record patient consent for sharing information with their GP and other medical staff in an emergency (recommendation b).

The service did not carry out audits, such as patient care record audits to review its safe delivery and quality of care (recommendation c).

While the service did not complete any risk assessments, the service manager felt they were aware of any issues and dealt with them immediately. However, it did not have a process to record any risks in the service (recommendation d).

Recommendation b

■ We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.

Recommendation c

■ We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Recommendation d

■ We recommend that the service should formally record any risks identified in it.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient confidentiality was maintained. Not all consultations were documented in the patient care record.

The five patient care records we reviewed were clear, legible and most were fully completed.

The records showed that comprehensive assessments were carried out before treatment. For example, the service manager contacted patients by telephone before their teeth whitening appointment to make sure they were suitable for the treatment. The assessments included a medical history, previous treatments and any areas which would highlight any risks associated with the treatment, such as pregnancy or any previous allergic reactions.
Consent to treatment was gathered, including consent to photographing the patients. The patient care record also included a diagram of the treatment area. Patient care records were stored in a lockable room to help maintain patient confidentiality.

**What needs to improve**

Patient care records did not note face-to-face consultations that patients had before their treatment (requirement 1).

**Requirement 1 – Timescale: by 31 August 2019**

- The provider must document all consultations in the patient care records.
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

Communication between the service manager and staff was good. There was no formal meetings between the manager and staff.

We saw that the service manager had recently completed an ‘assessment of management survey’, which showed a good working relationship between the manager and the dentists in the service. The manager told us they communicated with the dentists regularly to update them on any issues.

One of the dentists was a member of the Association of Scottish Aesthetic Practitioners, the British Association of Cosmetic Nurses and the Aesthetics Complications Expert (ACE) Group. This made sure that staff were aware of current best practice.

What needs to improve
The service did not have a practicing privileges policy in place for staff who were not directly employed (requirement 2).

We saw good communication between the service manager and staff. We were also told that they informally discussed patient experience and quality improvement. However, we saw no evidence of formal staff meetings taking place (recommendation e).

The service did not have a formal quality improvement plan in place. This would allow the service to demonstrate a culture of continuous improvement and impact of change (recommendation f).
Requirement 2 – Timescale: immediately

- The provider must ensure that employment of practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

Recommendation e

- We recommend that the service should formalise staff meetings record a summary of discussions in meetings and any actions arising from staff meetings.

Recommendation f

- We recommend that 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.

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>a We recommend that the service should develop a participation policy and implement a structured approach to gaining feedback, analysing and taking improvement actions (see page 7).</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 4.8</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1 The provider must document all consultations in the patient care records (see page 10).</td>
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<tr>
<td>Timescale – by 31 August 2019</td>
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</tbody>
</table>

*Regulation 4(2)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

<table>
<thead>
<tr>
<th>b</th>
<th>We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records (see page 9).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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</table>

<table>
<thead>
<tr>
<th>c</th>
<th>We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 9).</th>
</tr>
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<tbody>
<tr>
<td></td>
<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>
</tr>
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<table>
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<tr>
<th>d</th>
<th>We recommend that the service should formally record any risks identified in it (see page 9).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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</table>

### Domain 9 – Quality improvement-focused leadership

#### Requirement

<table>
<thead>
<tr>
<th>2</th>
<th>The provider must ensure that employment of practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 12).</th>
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<tbody>
<tr>
<td></td>
<td>Timescale – immediately</td>
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*Regulation 12(a)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 9 – Quality improvement-focused leadership (continued)

#### Recommendations

<table>
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<th></th>
<th>Recommendations</th>
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</table>
| e | We recommend that the service should formalise staff meetings record a summary of discussions in meetings and any actions arising from staff meetings (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 |
| f | We recommend that the service should develop and implement a quality improvement plan (see page 12).  
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](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