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 Family Dental Clinic on Wednesday 17 April 2019. We spoke with the principal dentist (practice owner), practice manager and dental nurse/receptionist. We spoke with two patients during the inspection and received email feedback from another two 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 Family Dental Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</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>
</tbody>
</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Care was provided in a safe environment, focusing on specific patient needs. However, the service did not meet all criteria from the national dental combined practice inspection checklist used during this inspection.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>There was clear leadership from the principal clinician and practice manager. We saw the whole team played an active role and felt their input into the service was valued. A quality improvement plan should be developed.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

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

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing</td>
<td>Information on individual treatment items was well explained in comprehensive patient information sheets. Patient care records were handwritten with most of the necessary information required clearly recorded and detailed. However, a list of all treatment options given to the patient should be recorded in the patient care record to show informed consent.</td>
</tr>
<tr>
<td>care</td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Adequate recruitment, training and development systems were in place. Staff were properly registered with the relevant professional registration bodies.</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

What action we expect Rylko Clinic Services Limited to take after our inspection

This inspection resulted in five requirements and three 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

Rylko Clinic Services 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 Family Dental Clinic 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

Care was provided in a compassionate, responsive and respectful manner. Feedback was encouraged from patients in a variety of ways. Patients told us they were fully involved and informed about their treatment. A poster and patient information leaflet made clear how patients could raise concerns or give feedback on the service.

The service gathered patient feedback in a range of ways. Patient feedback questionnaires were given to patients at the end of their treatment. Verbal feedback was welcomed in the surgery, at reception or by telephone. A suggestions box was available in the reception area. Written communication was also encouraged in writing, by email and through social media. All posts on social media were positive. Responses from the service appeared to be prompt and attentive to the needs of patients.

We spoke with two patients (child and parent) who told us the service was responsive and respectful and that the standard of care ‘couldn’t be better’. They felt the range of treatment options had been well explained, was appropriate and they felt involved in any decisions being made. They told us the service always responded promptly and was attentive to their needs. Both patients were confident in the skills of the service. They were aware that the dentist had sought specialist opinion from two dental colleagues outwith the practice due to the complexity of the child’s treatment.

Patient feedback was collated and discussed with the practice team. Where appropriate, individual patients were responded to directly if improvements were required.
We noted the service’s comments, complaints and suggestion poster detailed how people could give feedback, complain or make suggestions about the service. This was displayed in the reception area. A patient information leaflet for the practice also contained this information. The service’s complaints procedure was available from reception on request and the poster also detailed this information.

**What needs to improve**
It was not clear how patient feedback was fed back to patients, other than discussing feedback received with the practice team and responding directly to an individual patient if improvements were required. A more structured approach to patient feedback would help the service drive improvement and should include:

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

**Recommendation a**

- The service should develop and implement a participation policy to direct the way it engages with its 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**

Care was provided in a safe environment, focusing on specific patient needs. However, the service did not meet all criteria from the national dental combined practice inspection checklist used during this inspection.

Good systems and processes were in place to ensure that the care environment and equipment were safe. The premises and facilities were well managed and all documentation and certification relating to patients and staff was in order. Policies relating to health and safety, waste management, pressure vessels (such as dental air compressors for dental chairs and autoclaves [used to clean and sterilise equipment]), radiation protection and infection prevention and control were clear and well organised. All staff had read the policies and had signed the documentation to confirm they understood the content of each one. Documentation for the testing and maintenance of all equipment was available and up to date.

We saw evidence of good safety governance with all audits, risk assessments, and risk registers in place. Audits that took place included patient care records and radiology. The service knew how to log and report accidents and incidents. Practice meetings were minuted and systems were in place to record actions and outcomes. No adverse incidents had been recorded to date.

Overall, the decontamination process (cleaning and sterilisation of equipment) was good. Clinical staff had a good understanding of current good practice in both the processes and the recording of key information for the recommended testing and maintenance of equipment.
All patient comments about the cleanliness and the practice environment were complimentary. They felt the service was well decorated and clean, but was ‘not too sterile’ which, as patients, they felt was more relaxing.

**What needs to improve**

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. The service did not meet all essential and best practice criteria.

All radiation protection duty holders in the service should be clearly identified and their roles and tasks made clear in line with national guidance for the safe delivery of a diagnostic and interventional radiology service. We found no evidence that staff were entitled to be radiation protection duty holders (requirement 1).

We noted wooden work surfaces in the clinic environment. This type of work surface makes effective cleaning difficult because the material is permeable to fluids (requirement 2).

Within the service’s onsite decontamination room, only equipment directly related to the decontamination process should be present. We found other equipment being stored in the room that was not related to the decontamination process (requirement 3).

Sterilised dental instruments and equipment were stored in closed trays or sealed bags. However, we found dental burs (drill pieces used to cut hard tissue such as bone or tooth) were being stored in unsterilised bur blocks (requirement 4).

Wall-mounted hand hygiene products, including plain soap and alcohol-based hand rubs should be available at all clinical hand wash sinks in clinical areas in the service, including the surgery treatment rooms and the decontamination room. Although, the service had hand hygiene products available, these were not wall-mounted as specified in the national Combined Practice Inspection Checklist (requirement 5).
**Requirement 1 – Timescale: immediate**

- The provider must ensure that all radiation protection duty holders in the service are clearly identified and their roles and tasks made clear in line with national guidance for the safe delivery of a diagnostic and interventional radiology service.

**Requirement 2 – Timescale: by 31 October 2019**

- The provider must ensure that all wooden work surfaces in the clinical environment are upgraded as part of a planned programme of refurbishment.

**Requirement 3 – Timescale: immediate**

- The provider must ensure that only equipment directly related to the decontamination process are present in the decontamination room.

**Requirement 4 – Timescale: immediate**

- The provider must ensure that dental burs are stored in bur blocks that can be decontaminated appropriately.

**Requirement 5 – Timescale: immediate**

- The provider must ensure that all hand hygiene products available at clinical hand wash sinks are wall mounted as specified in the national Combined Practice Inspection Checklist.

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**Our findings**

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

Information on individual treatment items was well explained in comprehensive patient information sheets. Patient care records were handwritten with most of the necessary information required clearly recorded and detailed. However, a list of all treatment options given to the patient should be recorded in the patient care record to show informed consent.

We found handwritten notes in patient care records were legible. The service told us procedures were clearly explained to patients. Information on individual treatment items was available in comprehensive patient information sheets.
What needs to improve

Patients should expect to be given a range of treatment options to enable them to make an informed decision as to which treatment is appropriate for them. Although we saw comprehensive patient information sheets, the patient care records contained limited information to show treatment options had been discussed with the patient at their consultation appointment. All treatment options discussed should be recorded in the patient care records (recommendation b).

The service uses paper patient care records. The service told us it was considering installing an electronic patient management system for patient care records.

Recommendation b

- The service should ensure that all treatment options discussed with the patient are clearly recorded in their patient care record.

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 properly registered with the relevant professional registration bodies.

Adequate policies, procedures and systems were in place for recruitment, induction, and staff training and development. All staff were registered with the appropriate professional registration bodies.

All staff possessed the appropriate knowledge, skills and supervision, and there was clarity in their roles, responsibilities and accountabilities.

Staff training in the practice tended to be on a one-to-one basis and was organised by the practice manager. Staff felt comfortable highlighting any gaps in their 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

There was clear leadership from the principal clinician and practice manager. We saw the whole team played an active role and felt their input into the service was valued. A quality improvement plan should be developed.

There was a clear chain of leadership which staff were aware of. If issues arose, they were taken up with the practice manager in the first instance.

Regular practice meetings were held and views were sought openly from every member of the team. The meetings had a written agenda and were minuted. At the most recent meeting, a staff member requested that a dehumidifier be purchased following a recent flood from the property above. This had been actioned. The staff member reported a good sense of camaraderie and commented that everyone got on well with each other. They stated that team members felt respected and valued and felt comfortable about raising any topic, such as suggesting improvements to how the service was delivered. These then tended to be resolved or acted on as a team.

We noted that one staff member had been recently appointed to assistant manager following their annual appraisal. They were now starting to carry out additional duties previously carried out by the practice manager. They told us they would like to develop this role and perhaps undertake formal management training. They commented that the staff all know their strengths within the organisation.

The principal dentist took part in professional dental events organised by NHS Shetland, met regularly with local dentists to share knowledge and experience and was also a member of a number of professional groups.
What needs to improve

There was no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from patient feedback or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients.

A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

No formal mapping or benchmarking of the service had taken place with other dental practices to identify any gaps and improve its own approach to how the service was delivered.

- No requirements.

Recommendation c

- 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.

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a   The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

1. The provider must ensure that all radiation protection duty holders in the service are clearly identified and their roles and tasks made clear in line with national guidance for the safe delivery of a diagnostic and interventional radiology service (see page 11).

   **Timescale – immediate**

   *Regulation 3(d)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must ensure that all wooden work surfaces in the clinical environment are upgraded as part of a planned programme of refurbishment (see page 11).

   **Timescale – by 31 October 2019**

   *Regulation 3(d)(i)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

3. The provider must ensure that only equipment directly related to the decontamination process are present in the decontamination room (see page 11).

   **Timescale – immediate**

   *Regulation 3(d)(i)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

4. The provider must ensure that dental burs are stored in bur blocks that can be decontaminated appropriately (see page 11).

   **Timescale – immediate**

   *Regulation 3(d)(i)*
   *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)

#### Requirements

**5** The provider must ensure that all hand hygiene products available at clinical hand wash sinks are wall mounted as specified in the national Combined Practice Inspection Checklist (see page 11).

Timescale – immediate

*Regulation 3(d)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendation

**b** The service should ensure that all treatment options discussed with the patient are clearly recorded in their patient care record (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

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### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendation

**c** The service should develop and implement a quality improvement plan (see page 14).

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:
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:** comments.his@nhs.net