Announced Inspection Report: Independent Healthcare

Service: Waverley Dental, Aberdeen
Service Provider: Ross McLelland & Company Limited

5 April 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 Waverley Dental on Friday 5 April 2019. We spoke with the principal dentist (practice owner), dental nurse and receptionist. We received feedback from 117 patients by email. The principal dentist emailed a large number of patients telling them about the forthcoming inspection and invited feedback and comments directly to us. 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 Waverley Dental, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Care was provided in a responsive and respectful way. Patients were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place. Patient feedback was sought by several methods, and feedback was consistently good. However, the practice continued to improve its service through patient engagement.</td>
<td>✔️ ✔️ ✔️ Exceptional</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

**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>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.</td>
<td>✔️ Good</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>The service was well led by the practice owner. Staff were given leadership roles appropriate to their role. All three members of the team continuously looked for ways to improve the service, and ideas were shared and evaluated. The service was open to change where it could lead to improvement, and the impact of changes was monitored.</td>
<td>✔️ Good</td>
</tr>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were comprehensive and provided information about all aspects of consultations, assessments and treatments. When required, patients were referred to other dental service providers. Patients were recalled for dental examinations at intervals based on their personal risks and requirements.</td>
</tr>
</tbody>
</table>
### Additional quality indicators inspected (ungraded) (continued)

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe recruitment systems were in place. All staff had personal development plans and had opportunities for training and development.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Ross McLelland & Company Limited to take after our inspection**

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Waverley Dental 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 responsive and respectful way. Patients were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place. Patient feedback was sought by several methods, and feedback was consistently good. However, the practice continued to improve its service through patient engagement.

Patients consistently reported that the care they received was first class and spoke very positively about staff. A number of patients stated that they continued to attend the practice, even though they had moved out of the local area.

The service had a comprehensive system and documentation to allow feedback to be collected from patients in a number of ways. We saw evidence of this being implemented and a high return rate from patients. This feedback included regular patient satisfaction surveys, emails, verbally and through feedback on social media. These showed consistently high levels of patient satisfaction.

A patient information folder in the waiting room was kept up to date detailing changes and improvements made that had resulted from patient feedback. This included patient safety improvements like testing and monitoring surface contamination and hygiene levels throughout the practice, such as door handles, worktops and keyboards. One patient who had suggested adding handrails in the disabled access toilet was then personally told that the service had implemented these changes based on their feedback.

Open communication was demonstrated in the service, both within the clinical team and with patients. The service made every effort to meet patients’ expectations, from their routine care to managing dental emergencies and
accommodating patients who had to travel to the clinic. Information collected from patient satisfaction surveys was evaluated and, although mostly positive, when feedback indicated that a patient’s expectations were not met, staff assessed whether the expectation was achievable. One example of this was a patient who repeatedly requested a 5-minute appointment. The practice owner explained directly to the patient that it was not possible to set up the surgery, treat them and decontaminate the surgery in that timeframe. Staff felt well supported by this response and the patient had accepted the explanation.

Although the feedback received was consistently good, the practice continued to improve its services and tried to oblige patients’ requests. For example, the practice agreed to see a patient for routine care outside normal hours, as the patient could not manage to attend at any other time. This had also suited the staff better than routinely expanding the normal opening times.

As a result of receiving some negative feedback from a patient about costs, the service had used the opportunity to explain its business pricing and costs to all patients.

During consultations, patients were given appropriate treatment options, as well as information about the risks and benefits of proposed treatments. All of this information was recorded in the patient care records. A good range of patient information leaflets about various treatments and dental procedures was available. The practice also had informative displays about the amount of sugar in various foods and drinks, as well as a display with bottles and containers informing patients about the alcohol (sugar) content in various alcoholic drinks and measures. We were told the service had received positive feedback from patients about these displays.

The service’s complaints policy was displayed in the waiting room and was also included in the practice information folder. The complaints policy was comprehensive and made clear to patients they could complain to Healthcare Improvement Scotland at any time. It also informed patients they could complain to the Dental Complaints Service and the General Dental Council. Staff had received training on responding promptly to any negative feedback. A system was in place to record complaints, although the service had received very few complaints.

- 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. Practice staff were responsible for cleaning the clinic, and 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.

The service had identified areas that required improvement over the past few years. The premises were now fit for purpose following a complete refurbishment, providing a new surgery, reception area, waiting room, toilet and staff room. A separate room had been created to allow decontamination (cleaning and sterilisation of equipment) to take place outwith the main treatment room.

Many patients commented that the clinic was always clean and they felt well-cared for and safe.

The surgery was 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 disinfector and an autoclave (used to clean and sterilise equipment). Infection prevention and control policies and procedures were in place and 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 knowledgeable about 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 machine. The radiation protection information file was up to date and covered all aspects of radiation protection for staff and patients. All radiographs were securely stored on the electronic patient care records.

All staff carried out annual training in the management of medical emergencies and the service had all the emergency drugs required. An automated external defibrillator with adult and child pads was available and staff were trained in the use of this should a patient suffer a cardiac arrest.

The service had a comprehensive framework of clinical governance. It had evidence that patient care was effective and delivered in a safe environment, patient experiences were good, and patients were involved in decisions about their clinical care and in providing feedback and suggestions to improve the service.

We saw evidence of appropriate fire and electrical safety checks for the premises. 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. The service was aware that any incidents should be reported to Healthcare Improvement Scotland. There had been no reportable incidents since the service was registered with us. The service kept a risk register and appropriate steps were taken to reduce risks, particular in relation to infection prevention and control and the delivery of safe care.

All staff were aware of the service’s business continuity plan and how to implement this should the need arise.
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

Patient care records were comprehensive and provided information about all aspects of consultations, assessments and treatments. When required, patients were referred to other dental service providers. Patients were recalled for dental examinations at intervals based on their personal risks and requirements.

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. Referrals to other appropriate dental services were made when required.

Patients were recalled at appropriate intervals according to their personal assessed risk.

During the inspection, we reviewed three patient care records. All relevant details were being recorded and patient medical histories were updated regularly. The service had carried out a record keeping audit in the last year which had shown that patient care records were completed to a consistently high standard. A rolling programme of auditing the quality of radiographic exposures and antibiotic prescribing was also in place.
Patients’ care records were stored electronically. Confidentiality was maintained and suitable data back-up protocols were in place. Protocols were in place should the service close down to make sure patients would be able to access their care records.

- 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. All staff had personal development plans and had opportunities for training and development.

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.

The opportunity for further staff training was well supported by the service. The dental nurse had recently enrolled in a Higher National Certificate (HNC) course in Oral Health Care. The service was funding the course and the dental nurse anticipated bringing new learning to the practice.

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 was well led by the practice owner. Staff were given leadership roles appropriate to their role. All three members of the team continuously looked for ways to improve the service, and ideas were shared and evaluated. The service was open to change where it could lead to improvement, and the impact of changes was monitored.

Staff spoke highly of the practice owner in relation to their clinical skills, patient management and how they managed the service. The service had responded positively to feedback from staff, and it was clear that staff were well supported and encouraged to make suggestions that would lead to improvement of the service for the benefit of patients. For example, setting up the display about the alcohol (sugar) content of drinks in the waiting room. The dental nurse had been keen to reduce the amount of plastic waste generated by the service and had suggested using cardboard mouthwash cups instead of plastic. The increased cost of this was weighed up against the environmental impact and the idea had been introduced. We were told that patients had commented favourably about this.

Formal staff meetings were held regularly, minuted and action points followed up.

The principal dentist also sought both verbal and written feedback from three dental specialists who patients were referred to, when necessary. They had stated that the practice’s referrals were appropriate, comprehensive, well written and that patients were aware of the reason for the referral.

The service benchmarked itself against other dental practices in the area to identify any gaps and improve its own approach to how the service was delivered. The service was satisfied that it was performing well. The principal
dentist demonstrated a high level of professional integrity and put the delivery of safe and effective patient care above all other aims.

The service had a comprehensive quality improvement plan and responded quickly to any learning that could be implemented from patient feedback. This was fed back to patients and led to improvements to the service being introduced where possible.

- 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: comments.his@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