Announced Inspection Report: Independent Healthcare

Service: Visage Cosmetic Dental Clinic, Glasgow
Service Provider: Avsan Visage Limited

3 February 2020
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

© Healthcare Improvement Scotland 2020

First published March 2020

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
## Contents

1. A summary of our inspection 4
2. What we found during our inspection 7

Appendix 1 – Requirements and recommendations 14
Appendix 2 – About our inspections 15
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 Visage Cosmetic Dental Clinic on Monday 3 February 2020. We spoke with five members of staff during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. We telephoned three 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 Visage Cosmetic 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><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>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
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.

### Domain 9 – Quality improvement-focused leadership

#### 9.4 - Leadership of improvement and change

Leadership was visible, open, supportive and communicative. There were clear lines of leadership and support with opportunities for staff to meet regularly. A practice improvement plan had been implemented.

☑️ 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>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</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>
</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 Avsan Visage Limited to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Visage Cosmetic 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

Patients we spoke with were very complimentary about the service. Feedback from patients was reviewed regularly, and learning took place and changes made to how the service was delivered, if appropriate. Patients had their treatment options, risks and benefits explained and detailed treatment plans were agreed with them. A clear complaints policy was in place.

The service collected feedback from patients in a variety of ways, including using feedback surveys, asking patients to complete an online review and a direct request made at the end of the patient’s course of treatment. Feedback could also be provided through the service’s website. We were told the service was also in the process of introducing an online tool which specifically asks whether patients would recommend the service. Information can then be extracted and followed up.

All feedback gathered was reviewed and discussed at regular staff ‘huddles’, at weekly one-to-one meetings between the practice manager and the lead dental nurse, and in practice team meetings. The service was able to show that it used patient feedback to improve the service. For example, changes had been made to the way treatment costs were managed as a result of a patient complaint. The service now made sure patients were not charged new prices for treatments until the prices displayed on the website were updated to match any practice price revisions. Where appropriate, the service feeds back directly to patients if changes have been made as a result of their feedback.

From reviewing patient care records and speaking with staff, we saw that staff spent time with patients discussing and explaining potential treatment options. Patients were also involved in developing their own treatment plan. Discussions took place on the benefits, risks and costs of treatment with patients given the
opportunity to ask questions. A treatment coordinator worked with staff to support patients through their treatment journey.

All patients we spoke with were happy with the care they received and spoke highly of the service. They felt that it respected their individual needs and was patient-centred.

The service had a complaints policy and a written complaints procedure was available in the reception area and on the service’s website. No complaints had been received by Healthcare Improvement Scotland since the service was registered in December 2017.

■ 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

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 fabric and finish of the clinic was to a very good standard. At the time of our inspection, all areas were clean, tidy and well organised. The service’s four dental surgeries were of a reasonable size, and were well designed and fully equipped for the procedures offered.

The service’s onsite decontamination room was well equipped with a washer disinfector 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 dental surgeries 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.

The dental surgeries had x-ray machines installed. Scanning equipment was also available to record 3D x-ray images of the head and neck. Machines had regular safety assessments and a radiation protection file was in place, in line with national legislation, standards and best practice guidance. All digital radiographic (x-ray) images were stored securely in the electronic patient care records. A dental laser was used by trained staff in line with manufacturer instructions. Suitable control measures were in place, including ‘local rules’ to ensure laser equipment was safely managed, appropriate signage and safety eyewear.

All staff had carried out basic or immediate life support and medical emergency training within the last 12 months. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Appropriate sedation monitoring equipment was available. A new dental sedationist had recently been appointed. All sedation team members had carried out additional life support training and had been suitably trained in intravenous (IV) conscious sedation techniques. Staff kept their skills up to date through regular and appropriate training and education.

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 had been completed and were regularly updated.

A comprehensive compliance and audit programme was in place. The practice manager completed daily and monthly audits with the help and support of the practice team. This included dental equipment, water safety, environmental, and infection prevention and control checks. Audit results were recorded electronically and shared with the head office. The practice manager was then issued with a monthly practice improvement plan by head office. A resulting action plan was developed, and any actions required were discussed and implemented by the practice team. If wider corporate input was needed, the
practice manager was also supported by an area manager and a compliance team to help make sure any required improvements or actions were taken.

Patients we spoke with felt the care environment was to a high standard, and they felt safe and confident in the care they received from the service.

- No requirements.
- No recommendations.

**Our findings**

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

Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.

We reviewed six electronic patient care records stored on the practice management software system. These detailed comprehensive assessments and thorough clinical examinations, treatment and aftercare information. Patient care records included a range of digital photographs, x-ray images and scans. We found these to be of good quality. All images we reviewed were accessible and had been suitably reported in the patient care record.

All patients had been given comprehensive written treatment plans and estimates of treatment costs.

The service also accepted referrals from other practitioners. Referrals into the service could be made and accepted in a variety of ways. For example, a secure online referral and tracker system helped make sure patients were seen by the service within suitable timeframes.

The practice management software system included scanned copies of all patient and dentist correspondence. This included signed written consent documents and correspondence to referring practitioners.

Suitable confidentiality protocols and data back-up systems were in place.

- 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.

Safe staff recruitment processes were in place. All staff had undergone Protecting Vulnerable Groups (PVG) checks. We noted good staff retention rates and a low level of staff turnover.

All new staff working in the service carried out an induction programme specific to their role. Dentists had monthly one-to-one meetings with the practice manager to discuss their development needs, and any issues and concerns could be raised at this time. All other staff working in the service had appraisals every 6 months. All staff had personal development plans.

Staff could access detailed information about the service, and the wider provider company, on the staff intranet. This included policies and procedures, and information about courses and training opportunities. Staff were actively encouraged and supported to carry out training and develop their professional skills and knowledge. The service also provided continuing training and education opportunities for referring practitioners.

From speaking with staff, it was clear they understood, and had been suitably trained for, their individual roles. They were also clear on their responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved. There was a clear line of authority through the service, and with the wider provider company.

- 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

Leadership was visible, open, supportive and communicative. There were clear lines of leadership and support with opportunities for staff to meet regularly. A practice improvement plan had been implemented.

Since the registration visit in August 2017, the service had transferred to new owners. This had resulted in changes to many of the service’s processes and procedures. Governance and reporting systems to head office had increased, and a comprehensive compliance and audit programme had been implemented. The practice manager had worked hard to implement these changes and new ways of working, and was well supported by colleagues in the wider provider company.

Staff we spoke with described the team as supportive. The practice manager was visible and approachable. A lead dental nurse supported and assisted with the day-to-day clinical operations of the service. A communication diary was used by the practice manager and dental nurses to share information. The practice manager carried out daily huddles with the reception and dental nurse teams. Each dental practitioner and their dental nurse also started each day with a huddle.

The service had recently produced a newsletter for patients and referring practitioners. This included information about the treatments available, any changes or improvements in the service and celebrating staff achievements.

The practice manager was responsible for ensuring the practice improvement plan was implemented. An action plan was developed that took into account any feedback from patients or audit outcomes. Learning from audits and feedback was regularly shared and discussed with staff at staff meetings and daily huddles.

- 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

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