Announced Inspection Report: Independent Healthcare

Service: Blackhills Clinic, Aberuthven
Service Provider: Blackhills Clinic Ltd

24 May 2019
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www.healthcareimprovementscotland.org

Healthcare Improvement Scotland Announced Inspection Report
Blackhills Clinic: 24 May 2019
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 Blackhills Clinic on Friday 24 May 2019. We spoke with a number of staff and one patient during the inspection. Before the inspection, we asked the service to display a poster asking patients to contact us directly with feedback on the service. We spoke to one patient during the inspection. 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 Blackhills 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>
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<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
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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. Staff met together regularly in a number of ways to identify how they could further improve the service. The service engaged well with its referring dental practices. A quality improvement plan should be developed. | ✓ Satisfactory |

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 and treatments and aftercare.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

| 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. |

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 Blackhills Clinic Ltd to take after our inspection

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

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

We would like to thank all staff at Blackhills 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

Treatments were fully explained and discussed with patients. Patient feedback was very positive and was sought in a number of ways. Where appropriate, patients were actively encouraged to help make improvements to how the service was delivered. A clear and accessible complaints procedure was in place.

The service collected feedback from patients in a variety of ways, including comments cards in reception, a request for feedback following treatment ending and a patient satisfaction survey carried out twice each year. The service was able to show that feedback was considered and, where appropriate, used to improve the service. The service was in the process of developing a new website which will allow video testimonials from patients to be uploaded.

We were shown results from the most recent patient satisfaction survey, which was positive.

All dental surgical patients received a follow-up telephone call 24 hours after treatment. The service had carried out an audit to determine the effectiveness of this telephone call and, as a result, had decided to continue with this.

Learning from patient feedback and complaints was discussed and reflected on at staff meetings, and there was evidence of change as a result. For example, the service involved a patient who had complained about an aspect of their treatment to help produce a patient information leaflet to help inform other patients.
We spoke with one patient during the inspection who was highly complimentary of the entire service.

The service’s complaints policy encouraged early communication if patients raised any queries or concerns. A clear, written complaints procedure was available in the reception area and on the service’s website. All staff we spoke with knew the process for dealing with a complaint. Clinical staff had carried out online training in dealing with complaints as part of their training and development. Non-clinical staff had received training about this from the practice manager.

The service had a clear system for dealing with complaints and could demonstrate improvements made to the service following complaints received.

**What needs to improve**

We saw a considerable amount of work took place in the service to collect patient feedback. However, a more structured approach to this would help to continually improve how the service was delivered. This should include:

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

- No requirements.

**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

Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. All reusable dental instruments were decontaminated in the service’s on-site decontamination room. The service met all criteria from the national dental combined practice and sedation practice inspection checklists used during this inspection.

NHS dental services are inspected using the national Combined Practice Inspection and Sedation Practice Inspection Checklists to ensure the safe delivery of care. These checklists have a number of essential and best practice criteria for dental practices including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We carried out the same combined practice and sedation practice checklists during this inspection. All essential and best practice criteria on this inspection were met.

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

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

A range of radiological examinations could be carried out to aid treatment planning and treatment. The clinical rooms had x-ray machines, and an x-ray machine for taking 3D images was located in an appropriately dedicated room. All radiological machines had regular safety assessments and a detailed and up-to-date radiation protection file was in place. Radiographic images were stored securely on the electronic patient care records.

All staff carried out annual training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. The service provided dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Suitable sedation monitoring equipment was available. 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 fire detection systems. Appropriate electrical safety checks were carried out, and health and safety and radiation safety risk assessments had been completed and were regularly updated.

- No requirements.
- No recommendations.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

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

Treatment was delivered by a team of consultant and specialist clinicians. Referrals were accepted in a range of different formats including through a secure online referral system.

We reviewed six patient care records stored electronically on the practice management software system. These were comprehensive, detailing robust assessment and thorough clinical examination, treatment and aftercare information. Patient care records included a range of digital photographs, radiograph (X-ray images) and scans. We found these to be of good quality. All selected scans were accessible and had been suitably reported by a specialist radiologist in the patient care record.

All patients had been given comprehensive written treatment plans and estimates of treatment costs. The practice management software system included scanned copies of all patient and dentist correspondence. These records included signed written consent documents and correspondence to referring clinicians.

The practice had suitable confidentiality protocols and data back-up systems.

- 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 that staff retention rates were good.

All new staff working in the service carried out an induction programme specific to their role. Clinical staff also had access to an online training and education system. All staff received protected time for staff training.

All staff working in the service had annual appraisals and personal development plans. All staff had access to the staff handbook, which provided information about the organisation, and to the service’s policies and procedures through the practice’s online management system.

The service had recently carried out an anonymous staff survey. We were told the practice owner had met with all staff to discuss the responses and address the issues raised.

- 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. Staff met together regularly in a number of ways to identify how they could further improve the service. The service engaged well with its referring dental practices. A quality improvement plan should be developed.

Staff we spoke with described a positive team culture. They told us the practice owner, practice manager and senior dental nurse were visible, approachable and actively encouraged their contributions to developing and improving the service.

All staff met each month to discuss the service, with the dental associates attending when possible. An off-site all-staff event was held twice each year to discuss ways of improving and developing the service. The dental nurses also met every month to discuss any issues, with this group led by the senior dental nurse. The practice owner and practice manager regularly met on an informal basis to discuss any issues in the service and drive forward improvements. Minutes were recorded for all formal meetings, with actions clearly detailed. Minutes were circulated to all attendees.

Staff described an open and no blame culture. Staff also described analysis and learning taking place when necessary following significant events to help improve the service and learn from incidents.

The practice owner attended industry training events, was a member of a range of dental organisations and, along with the dental associates, maintained connections with other professional dental colleagues.
The service organised an annual all staff symposium, which also included dental practices that referred into the practice. This had been extremely well received and included key note speakers in dentistry and business.

Twice a year, the service produced a newsletter for dentists who referred patients into the service to share with them any changes and improvements made to the service.

An audit programme was in place and staff were reminded to carry out audits at appropriate intervals through the practice’s online management system. Audit topics included infection prevention and control, conscious sedation and patient referrals into the practice. Action plans were developed following audits.

**What needs to improve**

Although many improvements had been made to how the service was delivered, the service acknowledged these were often not done in a structured way to allow it to record service improvement processes and outcomes.

The service had been working with an external management consultant as part of the ongoing financial and business strategy of the service. The service had recently advertised internally for a member of staff to support the practice manager with the administrative aspects of the role, to allow the practice manager to further develop the service.

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 b).

While minutes and actions to be taken were recorded for formal staff meetings, the weekly meeting between the practice owner and practice manager was not formally recorded (recommendation c).

■ No requirements.

**Recommendation b**

■ The service should develop and implement a quality improvement plan.
Recommendation c

- The service should formalise the meetings between the practice owner and practice manager by minuting these meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability.
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>
| Recommendation | 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).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7 |

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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**Domain 9 – Quality improvement-focused leadership (continued)**

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>b</strong> The service should develop and implement a quality improvement plan (see page 14).</td>
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</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

| **c** The service should formalise the meetings between the practice owner and practice manager by minuting these meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability (see page 15). |

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:

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net