Announced Inspection Report: Independent Healthcare

Service: Christopher Sale Dentistry Ltd, Edinburgh
Service Provider: Christopher Sale Dentistry Ltd

8 January 2020
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www.healthcareimprovementscotland.org
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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 Christopher Sale Dentistry Ltd on Wednesday 8 January 2020. We spoke with five members of staff during the inspection. We telephoned two patients after the inspection who had received treatment at the service. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection.

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 Christopher Sale Dentistry Ltd, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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the service’s on-site decontamination room. The service met all criteria from the national dental combined practice checklist.

Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

Leadership was nurturing, visible and communicative. There was clear leadership from the practice owner and practice manager. Staff met together regularly to identify ways to further improve the service. 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, treatments and aftercare.</td>
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</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>Staff were appropriately registered with the relevant professional registration bodies. All staff had appropriate training for their job role.</td>
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</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 Christopher Sale Dentistry 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 Christopher Sale Dentistry Ltd 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

The service provided good quality care. Patients understood expected outcomes and potential risks, and detailed treatment plans were agreed with them. Patient feedback was very positive. However, a more formal approach is needed for gathering and using feedback from patients to help make improvements to the service.

Staff discussed treatment options and risks with patients before agreeing a treatment plan. A written treatment plan, often including high quality, hand-drawn images, was provided to patients who required larger treatments. Information on risks and treatment costs were provided to patients before gaining consent and starting treatment. It was clear from speaking with both staff and patients that the service had a very patient-centred approach to care and treatment. The service tried to take into account the wishes and requests of patients. This person-centred approach was central to the care provided by the service.

The service gathered feedback from patients either verbally or using a suggestion book kept in the waiting area. Patients undergoing extensive or traumatic procedures received a post-treatment call the following day to check they were comfortable and to gain feedback on the care provided.

Patients we spoke with felt the care they received was to a very high standard, respected their individual needs and was patient-centred. They were very happy and confident in the care they received. One patient commented:

• ‘[dentist], his wife and the team are brilliant, super-efficient and put you at ease. There is always someone at the end of the phone if I have any problems with my teeth, I know I can call easily.’
The service’s complaints policy encouraged early communication if any queries or concerns were raised. A clear, written complaints procedure was available in the waiting area. All staff we spoke with knew the process for dealing with a complaint. As the ethos of the service was based on a highly personalised service for its patients, the practice manager was visible and accessible for staff and patients. We noted there had been no complaints about the service since registration in January 2018.

**What needs to improve**

We saw evidence of informal methods being used to gather feedback from patients. While this information was useful, it would be difficult for the service to draw formal conclusions that could be used to drive improvement. A more formal feedback mechanism for patients, such as a patient satisfaction survey, would help to provide a more systematic and structured approach. This should include:

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

■ No requirements.

**Recommendation a**

■ The service should implement a patient participation policy to formalise and 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 checklist.

NHS dental services are inspected using the national Combined Practice Inspection document 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 inspection checklist during this inspection. All essential and best practice criteria on this inspection were met.

The fabric and finish of the clinic was to a good standard. At the time of our inspection, all areas were clean, tidy and well organised. The service’s two dental surgeries were of a large 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.

Both dental surgeries had x-ray machines installed. Both machines had regular safety assessments and a radiation protection file was in place. All digital radiographic (x-ray) images were stored securely in the electronic patient care records. Arrangements were in place for patients requiring specialist 3D x-ray images to attend a local clinic where images were recorded and reported appropriately.

Staff carried out external training in the management of medical emergencies every 6 months. This exceeds the requirement of the combined practice inspection document. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

Good systems and processes were in place to ensure the care environment and equipment were safe. We saw maintenance contracts for fire safety. Appropriate electrical safety checks were carried out, and health and safety and radiation safety risk assessments had been completed.

**What needs to improve**
A regular system was in place for auditing some of the operational areas of the service. This included auditing that regular checks of the emergency drugs and decontamination equipment were being carried out. However, regular auditing of other clinical aspects, such as the completion of patient care records, was not being undertaken. This would help the service to demonstrate that it was continually reviewing the safe delivery and quality of the service (recommendation b).

- No requirements.

**Recommendation b**
- The service should develop a programme of regular clinical audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.
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 were adequate, detailing assessment and thorough clinical examination, treatment and aftercare information. Patient care records included a range of digital photographs and x-ray images. We found these to be of good quality.

All patients had been given comprehensive written treatment plans with some detailed hand-drawn sketches for those receiving more complex care. Estimates of treatment costs were also provided. The practice management software system included scanned copies of all patient and dentist correspondence. These records included signed written consent documents.

The dentist provided patients with a personal mobile number to contact if they experienced any out-of-hours emergencies or complications after dental treatment. Post-operative advice was also given to all patients.

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

Staff were appropriately registered with the relevant professional registration bodies. All staff had appropriate training for their job role.
The service checked professional registration status before staff started in their role. New employees were well supported by the full team and an induction checklist was in place for all new staff. 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.

All staff working in the service had annual appraisals. Personal development plans and training records were also recorded and stored within the individual personnel files.

The service currently employed a trainee dental nurse who was enrolled on an approved training course. The service was fully supportive of the trainee and their needs were being met by the employer.

- 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 nurturing, visible and communicative. There was clear leadership from the practice owner and practice manager. Staff met together regularly to identify ways to further improve the service. A quality improvement plan should be developed.

Staff we spoke with described the team as very supportive of each other. They told us the practice owner and practice manager were visible, approachable and always on hand if required.

Staff met formally every week to discuss the running of the service and minutes were recorded in the meetings book for staff to access. Any feedback provided by patients was discussed at the staff meetings and changes made to how services were delivered, if appropriate.

**What needs to improve**

The service acknowledged that improvements made to the service were often not recorded in a structured way. 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 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.

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<td><strong>Recommendation</strong></td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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<tr>
<td><strong>Requirements</strong></td>
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</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendation**

| b | The service should develop a programme of regular clinical audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).  

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

### Domain 9 – Quality improvement-focused leadership

**Requirements**

| None |

**Recommendation**

| c | The service should develop and implement a quality improvement plan (see page 13).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**
- Independent healthcare services submit an annual return and self-evaluation to us.
- We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**
- We use inspection tools to help us assess the service.
- Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
- We give feedback to the service at the end of the inspection.

**After inspections**
- We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
- We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.
- We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.lhc@nhs.net