Announced Inspection Report: Independent Healthcare

Service: Eilertsen Dental Care, Inverness
Service Provider: Eilertsen Dental Care Ltd

23 September 2019
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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 Eilertsen Dental Care on Monday 23 September 2019. We spoke with five members of staff 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 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 one dental inspector.

What we found and inspection grades awarded

For Eilertsen Dental Care, 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>
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</tbody>
</table>
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>Detailed patient assessments were carried out. Patient care records showed that thorough consultation, robust assessment and patient-centred treatment planning was carried out before informed consent was gained for treatment.</td>
</tr>
</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
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<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 an annual appraisal, 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 Eilertsen Dental Care Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Eilertsen Dental Care 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 actively collected feedback from patients in a number of ways. Patient feedback was very positive about the quality of care received. A clear and accessible complaints procedure was in place.

We saw evidence the service had sought feedback from patients over many years. A number of detailed testimonials were available to view in the service and some were posted on the service’s website. More recently, the range and variety of feedback channels had increased with feedback sourced verbally, in a range of written formats, using online methods and through the service’s website. The service actively welcomed feedback and complaints. Nearly all patient feedback reviewed was very positive. Data gathered from patient feedback was reviewed during practice meetings and there was evidence that changes had been made as a result.

Patients told us that the care they had received was excellent. Treatments were fully explained and agreed in consultation with patients. Patients were given appropriate treatment options, as well as information about the risks and benefits of proposed treatments. Patients were confident that the service employed highly skilled, professional staff who were friendly and knowledgeable, and maintained their privacy, dignity and confidentiality. Staff were specifically praised for having excellent communication skills, and a warm and kind manner.

A good range of patient information about various treatments, dental procedures and self-care were available onsite and on the service’s website. Patients receive written costed treatment plans, and written consent was gained for more complex treatments.
A clear and accessible complaints procedure was in place. 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. A system was in place to record complaints. No complaints had been received in the last year.

- 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. Risks were well managed. 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.

Patients are treated in a modern, purpose-built environment. The building was bright, contemporary and accessible and was very well presented in terms of decor and cleanliness.

All four clinical rooms were well equipped and designed, and were clean and tidy. Patients commented that the clinical areas were ‘state of the art’ and that the environment appeared ‘very clean and safe’.

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 infection control policy and procedures for minimising the spread of infection were in line with national best practice. Single-use patient equipment (needles and syringes) and disposable personal protective equipment (such as gloves and face masks) were used for aesthetic treatments to prevent the risk of cross-infection. Up-to-date contracts were in place for all clinical waste removal, including medical sharps.

The service had an on-site decontamination unit for the decontamination (cleaning) and sterilisation of all reusable patient equipment. This was suitably equipped and included two washer disinfectors and three autoclaves (used to clean and sterilise equipment). The decontamination room was well organised, was of good size and layout, and had all the necessary policies and procedures in place. All used dental instruments were transported to the on-site decontamination unit in appropriate transport boxes. Nursing staff had been trained in how to use the decontamination equipment and were able to show us how they safely processed instruments as part of the inspection process. We saw evidence of daily and weekly equipment performance tests, in line with current standards. Service contracts were in place for the decontamination equipment. Sterilised instruments were bagged and stored appropriately after decontamination.

Radiological examinations, including taking 3D images, were carried out to aid treatment planning and treatment. Regular safety assessments were carried out on all of the service’s x-ray equipment and a contract was in place for radiation protection advice. ‘Local rules’ were in place to ensure the x-ray equipment was managed safely. These were clearly displayed and the radiation protection file was in line with national legislation, standards and best practice guidance. All radiographs (x-ray images) and other images were securely stored on the electronic patient care records.

The service’s medical emergency kit fully complied with dental emergency drug and equipment requirements, and included a defibrillator and oxygen. The service also had suitable equipment for patient monitoring during conscious sedation (using drugs to reduce a patient anxiety to allow treatment to take place). Staff were trained in life support techniques and clinical staff had been appropriately trained in intravenous (IV) conscious sedation techniques. Sedation skills had been regularly updated through training and development events. Sedation drugs were in date, securely stored and regularly audited.

The service had maintenance contracts for fire safety equipment and for fire detection systems. A fire policy was in place and fire safety checks were carried out regularly.
The service had policies to manage safeguarding of children and vulnerable adults, and staff had carried out safeguarding training.

- No requirements.
- No recommendations.

Our findings

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

**Detailed patient assessments were carried out. Patient care records showed that thorough consultation, robust assessment and patient-centred treatment planning was carried out before informed consent was gained for treatment.**

The service carried out consultations, assessments, consenting and treatment planning according to best practice guidelines. All patients completed a detailed medical history and information form before a clinical examination. The practice management software system contained comprehensive electronic patient care records including clinical records, dental charting, patient photographs, radiographs and details of patient communication.

Patients we spoke with told us they had been thoroughly assessed and that risks, expected outcomes and treatment costs had been discussed. They confirmed that post-treatment advice had been provided and that regular attendance was encouraged. Patients told us that the service used text, telephone and/or email messages to maintain contact and remind patients of upcoming appointments.

We reviewed patient care records, digital radiographs and scans during the inspection. We found these were of a good quality and compliant with the requirements of the combined practice and sedation practice checklists. Radiographic images had been appropriately reported in the patient care record. Patient care records showed that a range of clinical options were discussed with patients, and that verbal and written quotations for options were provided. Patients were given suitable lengths of appointments for the treatments required. Patients were clear they were given sufficient information and were involved in the decision-making process.

We saw that processes were in place to manage confidential information securely. The practice management software system was password protected and regularly backed up.
The service often received and treated patients on referral from other dental practices. The service was able to demonstrate good communication and teamworking with referring practitioners.

- 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 an annual appraisal, 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 had been completed in line with the service’s recruitment policy and professional registration requirements. All staff had undergone Protecting Vulnerable Groups (PVG) checks. Staff training certificates were available in staff files, and training records and personal development plans were present and maintained. A mentoring system was in place for new staff.

Staff said they felt part of a high quality, well performing team. Most staff had worked for the service for a number of years. Staff we spoke with enjoyed their role, and were enthusiastic about their job and place of work. They highlighted a well-balanced, caring and effective dental team.

There was an emphasis on maintaining and improving professional standards and career development, with a number of staff able to evidence further training and implementation of that training in their roles in the service. For example, dental nurses had completed courses in sedation, radiography and oral health education in recent years.

- 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 and open. Staff said that leadership was approachable and they were encouraged to identify areas for improvement. The service’s quality improvement plan helped to continuously improve the quality of the service and how it was delivered.

Staff were encouraged to identify areas for improvement and report any areas of good practice or concern. An anonymous method of feedback had recently been put in place to further encourage all staff to raise any potential concerns at any time. No concerns had been received.

The service’s quality improvement plan helped to continuously improve the quality of the service and how it was delivered. Minuted monthly team meetings took place, and ways to further improve the service were discussed. Staff we spoke with described a positive team culture.

Clinicians and staff attended industry training events, were members of a range of dental organisations and maintained connections with other professional dental colleagues. The service offered mentoring for dentists training in implantology (dental implants), and supported and provided training events for referring dental practices. Clinicians encouraged open discussions around treatment outcomes, and there was evidence of learning and change as a result.

The service had invested in staff through a range of training and development events including team building events outwith the work environment.

- 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:** [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)