Announced Inspection Report: Independent Healthcare

**Service:** 3 Step Smiles, Glasgow
**Service Provider:** EDG Restore Limited

7 September and 26 October 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 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 3 Step Smiles on Monday 7 September 2020. This was our first inspection to this service. However, we also returned to carry out a further announced inspection to the service on Monday 26 October 2020 as we had identified some immediate concerns to follow up. We spoke with three members of staff during the two inspections.

The inspection team was made up of two dental inspectors, with a third dental inspector observing the first inspection.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

What we found and inspection grades awarded

For 3 Step Smiles, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Care and treatment was delivered in a modern and well-designed environment. Re-usable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service had worked hard to address a significant number of the issues we had identified during our first inspection.</td>
<td>✔️ Satisfactory</td>
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Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>Quality indicator</td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>-------------------</td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</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
What action we expect EDG Restore Limited to take after our inspection

This inspection resulted in four requirements and six recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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

EDG Restore Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at 3 Step Smiles for their assistance during the inspection.
2 What we found during our inspection

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

Care and treatment was delivered in a modern and well-designed environment. Re-usable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service had worked hard to address a significant number of the issues we had identified during our first inspection.

The service was delivered from modern, purpose-fit premises. The fabric and finish of the clinic was to a high standard. At the time of our inspection, all areas were clean, tidy and well organised. We inspected three of the four service’s dental surgeries and found these were well designed and of a good size.

The service’s on-site decontamination room was equipped with a washer disinfector and vacuum autoclave used to clean and sterilise dental instruments. Service contracts were in place for this equipment. Dental instruments could be safely and easily transported from the dental surgeries to the decontamination room.

A range of radiological examinations, including taking 3D X-ray images, could be carried out to aid treatment planning and treatment. Three dental surgeries had X-ray machines installed. The X-ray machine that took 3D X-ray images was available in a separate dedicated room.

The service had developed COVID-19 specific policies and procedures. At the time of our inspection, the service was limiting the number of patients to the premises and the treatments it carried out. Dental emergency treatment was only being carried out at the service, with aerosol generating procedures being...
carried out in a very limited way with fallow (downtime) time of at least one hour in the surgery after the treatment to allow air and water droplets to settle. Patients were called the day before their appointment to check they had no COVID-19 symptoms before attending their appointment the next day. Patients were met at the door of the premises and asked to wear a face mask until they were seated in the dental chair. Alcohol-based hand rub was available at the entrance to the premises. Due to COVID-19 precautions, patient information leaflets were not being provided to patients at this time.

NHS dental services are inspected using the national Combined Practice Inspection 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 used the same combined practice checklist during both inspections. A significant number of essential and best practice criteria were not met during the first inspection on 7 September 2020. However, we found the service had worked hard to address the majority of these issues when we returned to carry out a second inspection on 26 October 2020. The following improvements and changes had been made in the service.

- The health and safety risk assessment for the service had been reviewed and updated to detail how the service will ensure the safety of the radiation equipment. The health and safety information poster displayed in the staff room now clearly detailed who was the designated person responsible for health and safety in the service.

- An external company had been brought in to carry out a new fire risk assessment for the service’s current premises, and fire extinguishers had been purchased. The external company had also provided fire marshall training for staff.

- Control of Substances Hazardous to Health (COSHH) regulations requires employers to have systems in place to control substances that are hazardous to health. An external company had been brought in to carry out COSHH risk assessments in the service.
- Legionnaires’ disease is a lung infection that can be caught by inhaling small droplets of water suspended in the air which contain the bacteria. An external company had been brought in to carry out a legionella risk assessment in the service.

- Visual inspections of portable appliances had taken place to make sure equipment remained safe to use.

- Dental water bottles store water used during dental examinations and treatments. A dental water bottle procedure had been developed and a biocidal (cleaning) agent was now being used to clean the dental water lines, and flush lines between patients. We also saw evidence that training had taken place on dental waterline management for the dental nursing staff.

- Gypsum is a product used in dental practices to make dental impression models. Dental practices must have appropriate waste contracts to ensure this product is disposed of safely. A gypsum waste contract was in place as part of the service’s management of clinical waste.

- The medical emergency kit now fully complied with dental emergency drug and equipment requirements. A process for regularly checking the medical emergency kit had been introduced.

- All dental professionals in contact with patients should receive practical training in emergency life support every year. Team-based cardiopulmonary resuscitation (CPR) training had taken place. Staff members were also in the process of carrying out online and virtual training sessions for infection prevention and control.

- Information or evidence was now available about the use, safety testing, inspection and maintenance of the two dental air compressors (that form part of the dental chairs and equipment such as drills) used in the service.

- The service was now using single-use disposable 3-in-1 syringe tips (used to wash and dry within the mouth) on the dental unit.

- Additional dental equipment, such as dental drills and ultrasonic scaler barrels (used to clean teeth), had been purchased. All reusable equipment, such as the ultrasonic scaler barrels, were being decontaminated by an approved process.
• The vacuum autoclave in the service’s on-site decontamination room had been moved into a more suitable position to allow an easy flow of used instruments from ‘dirty’ to ‘clean’ areas. All equipment and stock was being stored correctly.

• The service provided us with evidence to show how it had met the recommendations from the last radiation safety assessment carried out for the service’s X-ray machines.

• A date to carry out the annual inspection of the service’s 3D X-ray machine had been confirmed.

• The radiation protection folder had been reviewed and updated to include a full inventory of radiological equipment in use in the service, and information about radiological training that staff had completed.

What needs to improve
Each of the three dental surgeries inspected and the on-site decontamination room had extractor fans and air conditioning. None of these clinical areas had opening windows. However, the service was not able to describe to us how to set the air conditioning units to ensure air is being expelled externally and not being recycled back into the premises. The service was seeking confirmation from the building’s factor (requirement 1).

During the inspections, we found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on infection prevention and control, the quality of radiographic X-ray images and patient care records. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation a).

Requirement 1 – Timescale: immediate
■ The provider must ensure that all staff working in the service know how to set the air conditioning units to ensure air is being expelled externally and not being recycled back into the premises.

Recommendation a
■ The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained limited information about treatment options, assessments and examinations. The range of electronic record keeping systems and electronic devices in use meant it was difficult for staff to easily review patients’ ongoing care and treatment.

What needs to improve

During our first inspection, we found the patient care records we reviewed were lacking in detail and were below the standard expected. For example, there was limited information about charting of teeth or soft tissue examinations. The patient care records included a range of digital photographs and radiographic X-ray images. We found the reporting of radiographic X-ray images and 3D X-ray images was also well below the standard expected. When we returned for the second inspection, we were told that the quality and content of patient care records had been discussed at a recent staff meeting. A template patient care record containing specific prompts had been introduced to improve the capture of information. When we reviewed patient care records on our second inspection, we saw evidence of some improvement in the level of detail being recorded (requirement 2).

Patients should expect to be given a range of treatment options to enable them to make an informed decision as to which treatment is appropriate for them. Although we saw template consent documentation in use, the patient care records we reviewed during both inspections contained limited information to show treatment options had been discussed with the patient at their consultation appointment. All treatment options discussed should be recorded in the patient care records (recommendation b).

During the inspections, we noted that patient care records were stored across a number of different electronic record keeping systems and electronic devices, such as hand-held tablets. As these systems and devices could not communicate with each other, it made it difficult to navigate and locate information about patients’ ongoing care and treatment (recommendation c).
Requirement 2 – Timescale: immediate

- The provider must continue to improve the standard of record keeping, including for radiographic reporting, to ensure the minimum requirements of the combined practice inspection documentation are met.

Recommendation b

- The service should ensure that all treatment options discussed with the patient are clearly recorded in their patient care record.

Recommendation c

- The service should consider moving to a single electronic patient care record system for storing and communicating patient information.

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

Although a recruitment policy was in place, pre-employment background checks had not been carried out for staff before they started working in the service. Regular performance reviews and appraisals must be introduced for all staff.

A recruitment policy and a staff induction check list was in place.

Clinical staff had access to an online training and education system.

The service currently employed a trainee dental nurse who was enrolled on an approved training course.

What needs to improve

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. Although the service had a recruitment policy describing how it would safely recruit staff, a range of background checks and certification required by the Combined Practice Inspection Document for dental practices was not available for some staff members. This included professional
registration status, health information status, Protection of Vulnerable Groups (PVG) status and professional indemnity status (requirement 3).

No staff member working in the service had received an annual appraisal and there was no evidence of any personal development plans. This would allow both the service and staff to document and review competencies and identify future training needs to maintain the skills and knowledge required for their role. On the second inspection, we were told plans were in place to carry out staff appraisals in the coming weeks (requirement 4).

**Requirement 3 – Timescale: immediate**
- The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with relevant guidance before they start work in the service.

**Requirement 4 – Timescale: by 18 January 2021**
- The provider must ensure that staff receive regular individual performance reviews and appraisals to make sure their performance is documented and evaluated.
- 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 and communication among team members needs to be improved. Regular reviews of the quality of treatment provided should be carried out and a quality improvement plan developed. Practice meetings and actions taken should continue to be formally documented.

The service has two other dental practices in Spain, and the lead clinician attends 3 Step Smiles when required.

What needs to improve

Clear leadership was lacking at the practice. Staff roles and responsibilities were not always clear, and communication between team members needed to improve (recommendation d).

We saw no evidence to show that clear systems and processes were in place to monitor, manage and review the quality of care provided in the service. We saw no evidence of lessons learned from incidents or audits. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. 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 e).

Although practice meetings took place, no minutes of these meetings were available. A more formal system for recording the outcomes of meetings would help show how the service supported its staff, kept them informed and involved them in developing the service. When we returned for the second inspection, we saw evidence of formal, minuted staff meetings which had been held since the first inspection (recommendation f).
■ No requirements.

**Recommendation d**

■ The service should review its governance and accountability arrangements to ensure senior members of the team help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.

**Recommendation e**

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

**Recommendation f**

■ The service should continue to formally record the minutes of practice meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions.
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 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

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<tr>
<td>1</td>
<td>The provider must ensure that all staff working in the service know how to set the air conditioning units to ensure air is being expelled externally and not being recycled back into the premises (see page 10).</td>
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<tr>
<td></td>
<td>Timescale – immediate</td>
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<tr>
<td></td>
<td>Regulation 10(2)(c)</td>
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<tr>
<td></td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<tr>
<td>2</td>
<td>The provider must continue to improve the standard of record keeping, including for radiographic reporting, to ensure the minimum requirements of the combined practice inspection documentation are met (see page 12).</td>
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<tr>
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<td>Timescale – immediate</td>
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<tr>
<td></td>
<td>Regulation 4(2)</td>
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<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

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| a | The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should 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 |
| b | The service should ensure that all treatment options discussed with the patient are clearly recorded in their patient care record (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 |
| c | The service should consider moving to a single electronic patient care record system for storing and communicating patient information (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

## Domain 7 – Workforce management and support

### Requirements

<table>
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| 3 | The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with relevant guidance before they start work in the service (see page 13).  
**Timescale** – immediate  
**Regulation 8**  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

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| 4 | The provider must ensure that staff receive regular individual performance reviews and appraisals to make sure their performance is documented and evaluated (see page 13).  
**Timescale** – by 18 January 2021  
**Regulation 12(c)(i)**  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
## Domain 7 – Workforce management and support (continued)

<table>
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<th>Recommendations</th>
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<td>None</td>
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## Domain 9 – Quality improvement-focused leadership

<table>
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<th>Requirements</th>
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<td>None</td>
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<table>
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<tr>
<th>Recommendations</th>
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</table>
| d The service should review its governance and accountability arrangements to ensure senior members of the team help staff to drive forward the ongoing delivery of high quality, safe, person-centred care (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 |
| e The service should develop and implement a quality improvement plan (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 |
| f The service should continue to formally record the minutes of practice meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions (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:

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot