Announced Inspection Report: Independent Healthcare

Service: Family Dental Clinic, Shetland
Service Provider: Steva Dental Ltd

29 June 2022
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
## Contents

1. A summary of our inspection .................................................. 4
2. What we found during our inspection ...................................... 7
   
   Appendix 1 – Requirements and recommendations .................. 17
   Appendix 2 – About our inspections ....................................... 20
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 Family Dental Clinic on Wednesday 29 June 2022. We spoke with a number of staff and received feedback from 31 patients through 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 three inspectors.

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 Family Dental Clinic, the following grades have been applied to the key quality indicators inspected.

<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>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | The patient environment and equipment were clean and well maintained and good systems were in place for this. Patients gave good feedback about the standard of facilities. A waste contract is needed for the removal of gypsum waste. A dedicated medicines fridge is needed and medicines should be used in line with the manufacturer’s instructions. A protocol should be developed for the safe handling of sharps. | ✓ Satisfactory |

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The team was small but open to change and supportive. Leadership was responsive and approachable and. The service’s audit programme should be reintroduced and a quality improvement plan should be developed. | ✓ Satisfactory |

The following additional quality indicators were inspected against during this inspection.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.2 - Assessment and management of people experiencing care | Patient care records were kept on an electronic system. Patient leaflets were available in the reception area and patients felt involved in decisions about their care and treatment. Staff should continue to record patient’s COVID-19 status. |  |

### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Staff had been recruited safely and were appropriately trained to perform their roles. Regular appraisals were carried out and patients had confidence in staff knowledge and skills. |  |

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

Further information about the Quality Framework can also be found on our website at:

**What action we expect Steva Dental Ltd to take after our inspection**

This inspection resulted in two requirements and four 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

Steva Dental Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Family Dental Clinic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

The service has a participation policy in place that sets out how it involves patients in its development. Patients were given enough information to make informed decisions about treatment. A duty of candour policy is in place.

A patient participation policy set out how the service involved patients in its development. Feedback forms were emailed to each patient at end of their treatment plan. These were collated and analysed at staff meetings to identify if any improvements could be made. We saw a recent example where a patient hadn’t felt comfortable being left alone in the treatment room while the nurse went to get personal protective equipment. Staff changed practice as a result to make sure that a staff member was always present with the patient.

Patients were involved in the planning of their treatment and costs were discussed as part of the consultation and assessment process. Consent to treatment was recorded in patient care records and patients were given enough time and support before consenting to treatment.

The service’s complaints policy provided a clear written procedure for making a complaint and highlighted patients’ right to complain to Healthcare Improvement Scotland at any time.

A duty of candour policy described what steps it would take to meet its responsibilities for being honest with patients if something went wrong with their treatment or care.

The majority of patients that responded to our survey said they had been given adequate information about treatment benefits, potential risks and side effects, treatment costs, expected outcomes and aftercare. Comments included:
• ‘Detailed explanation given at every stage’.
• ‘We discussed a plan for follow up care post extraction. And also treatment, in case of infection’.
• ‘I received a detailed plan before big treatment with all costs detailed. Always given after care advice’.

What needs to improve

Some staff had not received training in duty of candour principles (recommendation a).

■ No requirements.

Recommendation a

■ The service should provide training on duty of candour or provide information to staff on where to access training, such as online training providers.
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

The patient environment and equipment were clean and well maintained and good systems were in place for this. Patients gave good feedback about the standard of facilities. A waste contract is needed for the removal of gypsum waste. A dedicated medicines fridge is needed and medicines should be used in line with the manufacturer’s instructions. A protocol should be developed for the safe handling of sharps.

NHS dental services are inspected using the national Combined Practice Inspection Checklist 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 carried out the same combined practice checklist during this inspection. All essential and the majority of the best practice criteria on this inspection were met.

The service was delivered from modern premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was satisfactory. At the time of our inspection, all areas were clean, tidy and well organised. The service’s two treatment rooms were well designed and fully equipped for the procedures offered.

The onsite decontamination room was well equipped with a washer disinfector and autoclaves used to clean and sterilise equipment. Instruments could be safely and easily transported between the treatment room and...
decontamination room. Staff knew the service’s decontamination process and were able to show us how they safely processed instruments.

Infection prevention and control policies and procedures were in place. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection. Alcohol-based hand rub was available at the entrance to the premises.

The service had two intraoral (in the mouth) machines for carrying out radiological examinations to aid treatment planning. Patients were sent to the local NHS hospital if they needed a whole-mouth x-ray. An up-to-date radiation protection file was in place. Radiographic images were stored securely on an electronic software programme.

Adequate systems and processes were in place to make sure the care environment and equipment were safe. Appropriate fire safety and electrical safety checks were carried out and radiation safety risk assessments had been completed and were regularly updated. A legionella risk assessment had been carried out and recently updated and a water safety management system was in place. This included regular water temperature checks, flushing infrequently used outlets, disinfecting dental water lines and routine water quality testing.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. These were regularly checked and staff were trained yearly in the management of medical emergencies. An incident management process was in place and the service kept an accident book.

All patients that responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘Very clean safe environment even through COVID’.
- ‘Clean comfortable premises and high hygiene standard’.
- ‘Fresh and bright decor and everything spotless’.

**What needs to improve**

The provider’s clinical waste contract did not cover the removal of gypsum waste (requirement 1).

Medicines used for aesthetic treatments were stored in the staff fridge. Medicines should be stored in a designated pharmacy fridge with appropriate thermometer. Temperature must be regularly monitored and recorded.
Top-up appointments were also being routinely offered following Botulinum Toxin type A injections. This meant that Botulinum Toxin type A was stored for weeks following reconstitution. The manufacturer states in its information leaflet that, once reconstituted, Botulinum Toxin type A should be stored between 2–8 degrees Celsius for no more than 24 hours (requirement 2).

A refurbishment of the premises is planned in the short to medium term. This will provide an opportunity for clinical hand wash basins to be upgraded and flooring to be replaced. We reminded the manager that a notification must be submitted to Healthcare Improvement Scotland three months prior to any refurbishment work taking place. This will allow for appropriate discussions to take place regarding suitable hand wash basins and floor covering.

**Requirement 1 – Timescale: immediate**
- The provider must implement a contract with a healthcare waste company for the uplift and disposal of dental gypsum waste generated by the service. All gypsum waste must be segregated into an appropriate waste receptacle marked with EWC 18-01-04 prior to uplift.

**Requirement 2 – Timescale: immediate**
- The provider must purchase a separate fridge for storing medicines. The temperature of the medicine fridge must be regularly monitored and recorded to make sure it remains within 2–8 degrees Celsius. Medicines must be used according to manufacturer instructions.

**Our findings**

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

Patient care records were kept on an electronic system. Patient leaflets were available in the reception area and patients felt involved in decisions about their care and treatment. Staff should continue to record patient’s COVID-19 status.

The service received the majority of new patients through self-referral email or on the telephone. Patient care records were held on an electronic system and the provider was registered as a data controller with the Information Commissioner’s Office. Standardised forms were in use for all patient care records and the records we reviewed were of a very good standard.
Patient information leaflets were available in the reception area and posters, highlighting key information.

All patients that responded to our survey said they felt involved in decisions about their care and treatment and were given enough time to reflect on their decision before giving consent to treatment. Comments included:

- ‘I am always given an option of how to proceed with treatment and care’.
- ‘The dentist always took me through what they were finding after their examination and explained what they thought was the best course of action’.
- ‘There is no pressure to commit to treatment’.
- ‘Yes talked through plans in details and then the cost sent out before treatment starts’.

**What needs to improve**

Staff had recently stopped recording patients’ COVID-19 status and asking patients to wear a mask (recommendation b).

- No requirements.

**Recommendation b**

- The service should continue to record patients COVID-19 status in patient care records and patients and staff should continue to use masks as per the most recent COVID-19 Scottish Government guidance.
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 had been recruited safely and were appropriately trained to perform their roles. Regular appraisals were carried out and patients had confidence in staff knowledge and skills.

The service’s recruitment policy set out how it made sure staff were recruited safely. Professional registration status was checked before staff started in their role, along with checking membership of the Protecting Vulnerable Groups (PVG) scheme with Disclosure Scotland. The staff files we reviewed all contained evidence of appropriate checks having been carried out. A system was in place for rechecking professional registration status yearly and regularly updating PVG checks.

New employees were well supported in the team and an induction plan and checklist were in place for all new staff. Staff we spoke with were very motivated, understood their individual role and had been suitably trained for it. They were clear on their own and each other’s responsibilities and knew what to do if they needed information or if an issue needed to be resolved.

Appraisals were carried out yearly for all staff. These helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education.

All patients that responded to our survey said they had confidence that staff had the right knowledge and skills to administer their treatment. Comments included:

- ‘The dentist is very knowledgeable and always offers advice and reassurance’.
- ‘I have always felt confident in my dentist’s knowledge and skills. There was a dental hygienist undergoing training. They were closely supervised by the usual dental hygienist. I had every confidence in them both and was pleased with the care I received’.

■ 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**

The team was small but open to change and supportive. Leadership was responsive and approachable. The service’s audit programme should be reintroduced and a quality improvement plan should be developed.

The service was led by a dentist with support from a second dentist, two dental nurses and a trainee dental nurse. Although the team was small it was clear the service had and supportive culture with staff understanding their own and each other’s responsibilities. Leadership was approachable and responsive and team communication was good.

Patient feedback forms helped staff understand patient expectations and make improvements where possible. Staff meetings were held every month, where operational issues were discussed, for example patient feedback, audit results, training opportunities. We saw minutes of recent staff meetings and saw clear action points recorded.

Staff kept up to date with changes in legislation and best practice through online training courses and continuous professional development.

**What needs to improve**

We saw no evidence of a formal system of quality assurance in place to make sure care and treatment was being delivered in line with the service’s policies and procedures. While an audit programme was in place, no audits had been carried out recently (recommendation c).

The service did not have a formal system in place for reviewing the overall quality of the service being delivered. For example, regularly reviewing:
• audit results
• complaints
• incidents
• patient feedback, and
• staff surveys.

A formal quality improvement plan would help the service identify challenges within the service and plan changes that are needed to achieve improvement (recommendation d).

■ No requirements.

**Recommendation c**

■ The service should recommence its audit programme.

**Recommendation d**

■ The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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 1 – Key organisational outcomes

**Requirements**

None

**Recommendation**

a The service should provide training on duty of candour or provide information to staff on where to access training, such as online training providers (see page 8).

Health and Social Care Standards: My Support, my care. I have confidence in the people who support and care for me. Statement 3.14

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

**Requirements**

1 The provider must implement a contract with a healthcare waste company for the uplift and disposal of dental gypsum waste generated by the service. All gypsum waste must be segregated into an appropriate waste receptacle marked with EWC 18-01-04 prior to uplift (see page 11).

Timescale – immediate

*Regulation 3(d)(iii)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

2 The provider must purchase a separate fridge for storing medicines. The temperature of the medicine fridge must be regularly monitored and recorded to make sure it remains within 2–8 degrees Celsius. Medicines must be used according to manufacturer instructions (see page 11).

Timescale – immediate

*Regulation 3(d)(iv)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendation**

b The service should continue to record patients COVID-19 status in patient care records and patients and staff should continue to use masks as per the most recent COVID-19 Scottish Government guidance (see page 12).

Health and Social Care Standards: My Support, my care. I have confidence in the organisation providing my care and support. Statement 4.11

---

Domain 9 – Quality improvement-focused leadership

**Requirements**

None

**Recommendations**

c The service should recommence its audit programme.

Health and Social Care Standards: My Support, my care. I have confidence in the organisation providing my care and support. Statement 4.19
### Domain 9 – Quality improvement-focused leadership (continued)

| d | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16). |

Health and Social Care Standards: My Support, my care. 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.

<table>
<thead>
<tr>
<th>Before inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>We use inspection tools to help us assess the service.</td>
</tr>
<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
</tr>
<tr>
<td>We give feedback to the service at the end of the inspection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>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: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
</tr>
<tr>
<td>We check progress against the improvement action plan.</td>
</tr>
</tbody>
</table>

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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland
Edinburgh Office Glasgow Office
Gyle Square Delta House
1 South Gyle Crescent 50 West Nile Street
Edinburgh Glasgow
EH12 9EB G1 2NP
0131 623 4300 0141 225 6999

www.healthcareimprovementscotland.org