Announced Follow-up Inspection Report: Independent Healthcare

Service: Blairdaff Dental, Inverurie
Service Provider: NSDBG Limited

19 January 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
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1  A summary of our follow-up inspection

Previous inspection

We previously inspected Blairdaff Dental on 25 May and 28 July 2021. That inspection resulted in 16 requirements and 11 recommendations. As a result of that inspection, NSDBG Limited produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an announced follow-up inspection to Blairdaff Dental on Wednesday 19 January 2022. The purpose of the inspection was to follow up on the progress the service has made in addressing the 16 requirements and 11 recommendations from the last inspection. This report should be read along with the May and July 2021 inspection report.

We spoke with the service manager and dental nurse during the inspection.

The inspection team was made up of three inspectors.

Grades awarded as a result of this follow-up inspection will be restricted to no more than ‘Satisfactory’. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades may still change after this inspection due to other regulatory activity.

<table>
<thead>
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<th>Key quality indicators inspected</th>
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<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td><strong>Quality indicator</strong></td>
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<td>5.1 - Safe delivery of care</td>
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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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The grading history for Blairdaff Dental can be found on our website.

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:

We found that the provider had complied with most requirements made at our previous inspection. It had also taken steps to act on most of the recommendations we made.

Of the 16 requirements made at the previous inspection on 25 May and 28 July 2021, the provider has:

- met 13 requirements, and
- not met two requirements.

One requirement is no longer applicable.

**What action we expect NSDBG Limited to take after our inspection**

This inspection resulted in two requirements which remain outstanding (see Appendix 1). 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.

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

NSDBG 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 Blairdaff Dental for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 25 May and 28 July 2021

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

Requirement 1 – Timescale: immediate

The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Action taken

There had been a significant improvement in terms of cleanliness since our last inspection. The clinic environment was clean, tidy and uncluttered. All hand soap, alcohol-based hand rub and paper towel dispensers had been wall mounted within easy reach of clinical hand wash basins. Colour-coded mops and buckets had been purchased for cleaning different areas of the clinic and these were being stored appropriately. Patient equipment was clean and dental chairs had been re-covered to allow them to be effectively cleaned. A new brand of detergent and disinfectant wipes was being used so that patient equipment could be effectively decontaminated between each use.

A deep clean had recently been carried out by an external cleaning company. We were told these were now scheduled to take place every 3 months, allowing hard to reach areas to be regularly cleaned and maintained.
Daily and weekly cleaning checklists and sign-off sheets had been introduced and staff responsibilities for cleaning tasks had been reviewed. A new receptionist had recently been employed and routine cleaning duties were now shared between the receptionist and dental nurse. This requirement is met.

**Requirement 2 – Timescale:** by 30 November 2021

*The provider must develop a refurbishment plan for the local decontamination unit that demonstrates how it will be brought in line with current national guidance within a reasonable timeframe.*

**Action taken**

A refurbishment plan had been developed, and the local decontamination unit had been redesigned and refurbished since our last inspection. The work carried out now meant that the local decontamination unit and each dental surgery were now separate rooms with their own entrance.

New worktops and three new sinks had been installed in the local decontamination unit and the flow of instrument cleaning was now correct. A ceiling fan had been fitted to improve ventilation and the gap around the compressor exhaust pipe in the ceiling had been sealed. The ceiling and most of the walls had been re-plastered.

At the time of our inspection, the refurbishment was almost finished, with the remainder of the work planned for the next few weeks. Remaining work included:

- re-plastering the remaining wall
- sealing bare wood surfaces such as the door frame and chipboard floor pipe boxing with an appropriate covering that allows it to be effectively cleaned, and
- replacing the dental rinse sink with a clinical hand wash basin that is compliant with national guidance about sanitary fittings.

We will continue to follow this up at the next inspection. This requirement is met.
Requirement 3 – Timescale: by 1 October 2021

The provider must ensure all gaps in the floors, walls and ceilings are filled with a suitable material to prevent the entry of pests.

Action taken

The majority of large gaps in the flooring behind and underneath worktops had been filled with expanding foam and most walls had been boxed in with plasterboard and then painted to provide smooth surfaces which were easy to clean. The remainder of this work had been temporarily delayed while the service manager reached agreement about the changes with the landlord. However, at the time of our inspection, arrangements were in place to continue boxing in the remaining walls and adding sealant to the remaining gaps in the next few weeks. We will continue to follow this up at the next inspection. This requirement is met.

Requirement 4 – Timescale: by 1 November 2021

The provider must provide a suitable door to surgery 1.

Action taken

A new door had been fitted to both dental surgeries, with opaque glazing for privacy. Plans were in place to seal the door frames to ensure they were easy to clean. This requirement is met.

Requirement 5 – Timescale: by 22 October 2021

The provider must ensure that a back-up plan is in place for sterilising dental instruments in the event of breakdown or malfunction of the autoclave.

Action taken

Two new sinks had been installed in the local decontamination unit. This meant dental instruments could be manually cleaned if the washer disinfecter broke down. A service agreement with an external company was in place for the autoclave. The company had an average 3-day call-out target and staff told us there was enough sterile pre-packed equipment to continue for this 3-day period, if needed. If all supplies of this pre-packed equipment were used, staff told us they would cease treatment until the autoclave was repaired. Although a second autoclave was currently in storage, it would not be able to be used until it had been externally calibrated and validated. This would make sure the autoclave was able to appropriately sterilise dental instruments.

A section had been added to the service’s infection prevention and control policy detailing the procedure that would be followed in the event of an autoclave failure. This requirement is met.
**Requirement 6 – Timescale: immediate**

*The provider must ensure that all appropriate equipment and products are included in its stock rotation and checking system. Any out-of-date equipment and products must be immediately replaced.*

**Action taken**

Although a stock checking system was in place, we found a number of out-of-date items in the dental surgeries. When we alerted staff, most of the items were immediately disposed of as new replacement stock had already been ordered. Staff told us they had experienced difficulty sourcing a particular medicated paste. A replacement for this paste or an alternative product must be sought and the out-of-date paste removed.

All equipment and medicines held within the service’s emergency kit was in date and was being checked every week. Oxygen cylinders were checked every month and we discussed the benefits of incorporating these checks into the weekly emergency kit checks, as oxygen can escape from the cylinder. **This requirement is not met** (see Appendix 1).

**Requirement 7 – Timescale: by 30 November 2021**

*The provider must develop an appropriate policy and procedure for the safe management of medicine.*

**Action taken**

A policy had been developed that described how medicines were ordered, received, stored, prescribed and disposed of in the service. This included controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers). These were only kept as part of the service’s emergency kit. **This requirement is met.**

**Requirement 8 – Timescale: by 1 October 2021**

*The provider must ensure that an appropriate gypsum waste collection and disposal arrangement is in place with a licensed waste contractor.*

**Action taken**

A gypsum waste collection and disposal arrangement was now in place with a licensed waste contractor. **This requirement is met.**
Requirement 9 – Timescale: immediate
The provider must ensure that the dental laser is routinely recalibrated in line with the manufacturer’s instructions.

Action taken
Following the last inspection, the provider decided to stop providing laser treatments in the service. Healthcare Improvement Scotland has since amended the service’s conditions of registration. This means laser treatments can no longer be provided in the service. If the provider wishes to start providing laser treatments again, an application to vary its conditions of registration would be required. This requirement is no longer relevant.

Requirement 10 – Timescale: immediate
The provider must register with the Medicines and Healthcare products Regulatory Agency (MHRA).

Action taken
The provider was now registered with the Medicines and Healthcare products Regulatory Agency (MHRA) as a manufacturer of custom-made polymer and ceramic dental crowns, dental inlays, mouth guards and dental bridges. This requirement is met.

Requirement 11 – Timescale: immediate
The provider must ensure that the premises and equipment are maintained in safe condition and that appropriate maintenance arrangements are in place to protect the health, welfare and safety of patients.

Action taken
The fixed electrical wiring installation was tested by an external contractor in early January 2022. This test resulted in urgent remedial work being carried out to the service’s electrical system. The contractor carried out a further test in mid-January 2022 which resulted in a number of further minor recommendations for improvement. At the time of our inspection, the provider had yet to action these recommendations. We advised the service manager that these recommendations should be taken forward in the next few months.

Lighting throughout the clinic had been upgraded and the environment was much brighter. Portable appliance testing had been carried out in December 2021 and was due again in December 2022. A fire risk assessment had been carried out by an external contractor and findings from this were in the process of being completed by the contractor. This requirement is met.
**Recommendation a**  
*The service should develop a duty of candour policy and staff should receive training on the principles of duty of candour.*

**Action taken**  
Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. A duty of candour policy had now been implemented, describing the service’s duty to be open and honest. However, the policy contained limited information. For example, it did not describe what process the service should follow in the event of a duty of candour incident, how and where to report incidents and how to produce annual reports. We provided the service with further guidance on what the policy should contain.

**Recommendation b**  
*The service should use single-use patient equipment, where possible, to prevent any risk of cross-infection.*

**Action taken**  
Almost all equipment used was single use, with the exception of some reusable aspirator tips (oral suction tips). Staff told us these were not routinely used and, if they were, they would only be used for individual patients and appropriately sterilised afterwards.

**Recommendation c**  
*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.*

**Action taken**  
The service had carried out a large radiographic audit and planned to continue these annually. No other audits were being considered at present. We suggested other audits that could be carried out to help improve the way the service was delivered, such as patient care record audits and infection prevention and control audits.

**Recommendation d**  
*The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events.*

**Action taken**  
An adverse events policy had been implemented, along with a process for dealing with accidents, incidents and adverse events.
**Recommendation e**
The service should ensure the store room is tidied and cleaned to allow effective storage and cleaning to take place. Equipment that is no longer in use should be removed from the practice.

**Action taken**
The store room had been cleaned and reorganised so that it could be cleaned more easily. New cleaning equipment had been purchased and was now stored in this room, making it easily accessible.

**Recommendation f**
The service should finalise the migration of its radiation protection file to the Public Health England online portal as soon as possible.

**Action taken**
No progress had yet been made on this recommendation. We were told the service would be working with a new medical physics expert as part of a move to a new radiation protection service next year. At that time, it would finalise the migration of its radiation protection file to the Public Health England online portal. The current paper radiation protection file used in the service remained acceptable until then.

### Our findings

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

**Recommendation g**
The service should keep a written record of patients’ screening for COVID-19 status at each visit.

**Action taken**
The service now recorded each patient’s COVID-19 status in their patient care record the day before their appointment and again when the patient arrived for their appointment.

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

**Action taken**
The service continues to use written patient care records and patient appointments continue to be made through the electronic practice management system. We were told there were no current plans to move to a fully digital workflow for patient record keeping.
**Recommendation i**
The service should update its website to align with the General Dental Council Guidance on advertising.

**Action taken**
The service’s website had been updated to align with the General Dental Council standards for advertising. However, we noted the details on the website of staff currently working in the service was not accurate. The service manager assured us the website would be updated to reflect the current staffing team.

**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**

**Requirement 12 – 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. There must also be a system of ongoing review to ensure staff remain fit to work in the service.

**Action taken**
We saw evidence that appropriate pre-employment checks had been carried out for the new receptionist that had recently been recruited. A system was also in place to carry out ongoing checks with Disclosure Scotland to ensure staff remain fit to work in the service. However, these checks did not include the self-employed dentist. The provider is responsible for carrying out their own Disclosure Scotland check on anybody they give practicing privileges to work in their service. **This requirement is not met** (see Appendix 1).

**Requirement 13 – Timescale: by 22 October 2021**
The provider must introduce a practicing privileges policy and agreements for all staff working as self-employed clinicians.

**Action taken**
A practicing privileges policy was now in place that reflected Scottish guidance. A practicing privileges agreement was also in place for the self-employed dentist that provided a dental implants service from the clinic. We saw evidence of the background safety and identify checks the provider had carried out to make sure they were fit to work from the service. **This requirement is met.**
Requirement 14 – Timescale: immediate
The provider must review its staffing arrangements and develop a safe procedure that details what the arrangements are for keeping staff and patients safe when only two members of staff are present in the practice.

Action taken
Staffing arrangements had been reviewed and a new full-time receptionist had been recruited. They had received medical emergency and life support training. This will assist in the event of a medical emergency as there were now three full-time members of staff. This requirement is met.

Requirement 15 – Timescale: by 22 October 2021
The provider must ensure that staff receive regular individual performance reviews and appraisals to make sure their performance is documented and evaluated.

Action taken
Staff had undergone an appraisal since our last inspection and we were told these were now planned to take place every year. We looked at one staff appraisal which showed development opportunities had been discussed and agreed. This requirement is met.
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

Requirement 16 – Timescale: immediate

The provider must review its staffing and accountability arrangements to ensure the service has an appropriate number of suitably qualified and competent staff for the size and nature of the service and number and needs of patients.

Action taken

A new full-time receptionist had been recruited since our last inspection. They were having ongoing job training but, from staff we spoke with, the appointment had already proved beneficial in terms of sharing workload and administration tasks. This requirement is met.

Recommendation j

The service should introduce regular, formal staff meetings. Minutes should include any actions to be taken forward and monitored, as well as identifying those responsible for these actions.

Action taken

Two staff meetings had been held since our last inspection. Minutes had been taken and shared with staff. We were told further meetings were planned now that the new receptionist had started.

Recommendation k

The service should develop and implement a quality improvement plan.

Action taken

No progress had yet been made on this recommendation. We provided the service with further information on how to develop a quality improvement plan and what could be included.
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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  Timescale – immediate

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

  This was previously identified as a requirement in the May and July 2021 inspection report for Blairdaff Dental.

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<thead>
<tr>
<th>Recommendations</th>
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<td>None</td>
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### Domain 7 – Workforce management and support

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Timescale – immediate

*Regulation 8(1)*

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

This was previously identified as a requirement in the May and July 2021 inspection report for Blairdaff Dental.

### Recommendations

None
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