Announced Inspection Report: Independent Healthcare

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

1 September 2021
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 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 23 September 2019.
2 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 Eilertsen Dental Care on Wednesday 1 September 2021. We spoke with three members of staff during the inspection. We asked the service to issue an online patient survey on our behalf before the inspection. We received no feedback from patients.

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 Eilertsen Dental Care, 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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
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<tr>
<td><strong>Quality indicator</strong></td>
<td><strong>Summary findings</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patient care and treatment was delivered in a clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. However, the service did not meet all of the criteria from the national dental and sedation practice inspection checklists.</td>
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</table>
### Key quality indicators inspected (continued)

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership and oversight of the service on a day-to-day basis needs to be improved. The service’s quality improvement plan should be regularly updated. Regular, formal, staff meetings should be reinstated.</td>
<td>Unsatisfactory</td>
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</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>Patient care records were of an adequate standard and included medical history and consent forms. They provided information about all aspects of consultations, assessments, treatments and aftercare. Pre-formed template notes were in use. However, some templates had not been fully completed in some patient care records reviewed.</td>
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#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>All staff were suitably trained for their job role and were actively keeping their skills up to date. Although a recruitment policy was in place, pre-employment checks had not been carried out for some staff before they started working in the service. A practicing privileges policy must be developed, as well as individual practicing privileges agreements for each self-employed clinician.</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Eilertsen Dental Care Ltd to take after our inspection

This inspection resulted in eight requirements and seven 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

Eilertsen Dental Care 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 Eilertsen Dental Care for their assistance during the inspection.
3 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

Patient care and treatment was delivered in a clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. However, the service did not meet all of the criteria from the national dental and sedation practice inspection checklists.

The service was delivered from modern, accessible premises that provided a clean environment for patient care and treatment. The fabric and finish of the clinic was of a high standard. At the time of our inspection, all areas were clean, tidy and well organised. The service’s dental surgeries were well designed and were fully equipped for the procedures offered.

The service’s on-site decontamination room was well equipped with two washer disinfectors and three autoclaves for cleaning and sterilising equipment. Service contracts were in place for this equipment and we saw evidence showing they were regularly maintained. Dental nurses had been trained and were responsible for all decontamination (cleaning) and sterilisation of dental instruments. Instruments could be safely and easily transported from the dental surgeries to the decontamination room. Staff had a full understanding of the practice’s decontamination process and were able to show us how they safely processed instruments as part of our inspection.

Infection prevention and control policies and procedures were in place, and had been updated in line with COVID-19 guidance. Access to the premises had been restricted. Alcohol-based hand rub was available at the entrance and patients did not remove their face mask until treatment was about to begin. Single-use
patient equipment was used wherever possible to prevent the risk of cross-infection.

Clinicians working in the service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Most of the sedation team had completed life support training and training in sedation techniques.

**What needs to improve**

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 inspection checklists during this inspection. Some essential and best practice criteria on this inspection were not met.

While staff could describe the processes in place to make sure care and treatment were delivered safely, we did not see any evidence that showed the health, welfare and safety of patients was being managed on an ongoing basis, for example a risk register (requirement 1).

We did not see evidence of a clinical waste contract with a specialist waste contractor for the removal and disposal of healthcare and hazardous waste, including gypsum. Gypsum is a product used in dental practices to make dental impression models (requirement 2).

The service’s infection prevention and control procedures did not provide detailed information about the disinfection procedures required for laboratory work (requirement 3).

We looked at the radiation safety assessments that had been carried out by the external company that installed the service’s X-ray machines. However, there was no evidence to demonstrate that the recommendations made in the installation assessments had been carried out. There was also no evidence that a radiation protection adviser and medical physics expert had been appointed. These external experts advise employers on the safe and compliant use of
radiological equipment. The service’s radiation protection file had also not been updated to bring it in line with current radiological legislation (requirement 4).

During our inspection, we found some out-of-date facial aesthetic products. A stock checking and rotation system would provide assurance to the service that no medicines, materials and products are retained beyond their use by date (requirement 5).

We found some issues with the equipment used and completeness of training carried out by the sedation team. This included:

- some sedation team members had not completed update training in sedation techniques and/or sedation related emergencies, and
- nasal cannula (equipment for delivering additional oxygen to the patient) was not kept with the sedation kit (requirement 6).

The service did not have a duty of candour policy to describe how it would meet its responsibility to be honest with patients if things went wrong. Staff should be trained in the principles of duty of candour (recommendation a).

No formalised system was in place for the service to manage accidents, incidents and adverse events. An adverse events policy and accompanying process should be developed detailing how the service would deal with an adverse event, including how any lessons to be learned would be implemented and shared with staff (recommendation b).

**Requirement 1 – Timescale: by 10 December 2021**

- The provider must develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

**Requirement 2 – Timescale: immediate**

- The provider must implement a clinical waste contract with a specialist waste contractor for the removal and disposal of all healthcare and hazardous waste produced by the service, including gypsum waste.

**Requirement 3 – Timescale: immediate**

- The provider must have an appropriate procedure in place for the disinfection of laboratory work.
Requirement 4 – Timescale: 10 December 2021
■ The provider must have a system in place for assuring radiological safety in the service. This must include:
- completing all recommendations and actions from the X-ray machine installation assessments
- ensuring that a suitable radiation protection adviser and medical physics expert are appointed, and
- updating the service’s radiation protection file to ensure all necessary information is complete and up to date.

Requirement 5 – Timescale: immediate
■ The provider must implement a stock checking and rotation system and ensure any expired materials are disposed of correctly. All staff should be given training in this system.

Requirement 6 – Timescale: by 10 December 2021
■ The provider must ensure that all members of the sedation team receive regular update training in sedation techniques and sedation related emergencies. Nasal cannula (equipment for delivering additional oxygen to the patient) must also be kept as part of the sedation equipment kit.

Recommendation a
■ The service should develop a duty of candour policy and staff should receive training on the principles of duty of candour.

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

| Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were of an adequate standard and included medical history and consent forms. They provided information about all aspects of consultations, assessments, treatments and aftercare. Pre-formed template notes were in use. However, some templates had not been fully completed in some patient care records reviewed.
We reviewed five electronic patient care records stored on the practice management software system. These were adequate, detailing assessment and thorough clinical examination, treatment and aftercare information. Patient care records included a range of X-ray images. We found these to be of good quality. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to the patient.

Patients had been given comprehensive written treatment plans for more complex treatments. Estimates of treatment costs were also provided. The dentist provided patients with a personal mobile number to use if they experienced any out-of-hours emergencies or complications after implant dental treatment. Post-operative advice was also given to all patients.

Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on individualised patient risk assessments. This was recorded in the patient care records.

Appropriate procedures were in place to make sure that information was held securely.

**What needs to improve**
Patient care records were not always consistently completed by all clinicians and we found gaps in the recording of some information. Audits of patient care records would help identify gaps and lead to improved record keeping (recommendation c).

On the day of our inspection, the service was unable to provide evidence of a protocol for what action it would take if it was no longer able to meet patients’ needs and wishes. For example, if the service closed, changed hands or a dentist left. There should be a protocol for giving proper notice to patients in such circumstances, so that they can find a suitable alternative (recommendation d).

- No requirements.

**Recommendation c**
- The service should carry out regular audits of patient care records to identify gaps in recording and highlight where improvements are needed. Audit results should be shared with clinicians.

**Recommendation d**
- The service should ensure a protocol is in place to make sure that patients receive proper notification if the service can no longer meet their needs and wishes.
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

All staff were suitably trained for their job role and were actively keeping their skills up to date. Although a recruitment policy was in place, pre-employment checks had not been carried out for some staff before they started working in the service. A practicing privileges policy must be developed, as well as individual practicing privileges agreements for each self-employed clinician.

Staff were suitably trained for their job role and were actively keeping their skills up to date. An appropriate staff recruitment and induction process was in place, as well as a process for carrying out staff appraisals. Most staff had worked for the service for a number of years and those we spoke with enjoyed their role and were enthusiastic about their work.

What needs to improve
There was no practicing privileges policy or individual agreement in place for the clinicians granted privileges to practice from the service. Clinicians working in the service on a self-employed basis must have a practicing privileges agreement in place that sets out the responsibilities for both parties (requirement 7).

Part of a safe recruitment process is ensuring appropriate pre-employment checks are carried out for employed and self-employed staff to ensure they are fit to work in their job roles. There should also be a system of repeating key checks routinely, to make sure staff remain safe. Whilst appropriate recruitment checks were carried out for clinical staff, there were some non-clinical job roles that were not included in this checking process. There was also no system for repeating background checks and reviewing the health clearance, professional registration status and indemnity insurance for all employed and self-employed staff on a regular basis (recommendation e).

Requirement 7 – Timescale: by 10 December 2021

- The provider must develop and implement a practicing privileges policy and individual practicing privileges agreement for each self-employed clinician.
Recommendation e

- The service should ensure that appropriate health clearance and background checks are carried out for all job roles as part of the recruitment process. There should also be a system in place to review background checks, health clearance, professional registration status and indemnity insurance for all employed and self-employed staff on a regular basis.
**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 oversight of the service on a day-to-day basis needs to be improved. The service’s quality improvement plan should be regularly updated. Regular, formal, staff meetings should be reinstated.

The principal dentist was also acting as the registered service manager and had just returned from maternity leave at the time of the inspection. The service did not have a practice manager.

Clinicians and staff attended industry training events and were members of a range of dental organisations. They maintained connections with other professional dental colleagues and offered mentoring for dentists training in implantology (dental implants).

**What needs to improve**

Leadership at the service had declined since our last inspection in September 2019. The registered manager was only present in the service on a limited basis, and no formal deputy had been appointed to provide leadership in their absence. This meant there was no clear leadership, management or oversight of the service on a day-to-day basis (requirement 8).

Regular formalised staff meetings had lapsed since the last inspection. This meant there were limited opportunities for staff to discuss service improvement. The reinstatement of formalised meetings and the recording of their outcomes, including any actions to be taken forward and monitored, would help keep track of improvements and accountability (recommendation f).

A formal quality improvement plan had been in place at our last inspection. This set out how the service structured and recorded its service improvement processes and outcomes. However, there was no evidence of any quality
improvement activity since our last inspection. It is important that a quality improvement plan is regularly reviewed so that the impact of change can be measured and a culture of continuous improvement can be demonstrated (recommendation g).

Requirement 8 – Timescale: by 10 December 2021
- The provider must ensure its registered manager, or a formally nominated deputy, is present at all times during service operating hours, to ensure clear leadership and proper oversight of the service on a day-to-day basis.

Recommendation f
- The service should reinstate its regular meetings and continue to formally record minutes of these meetings, including actions to be taken forward and monitored.

Recommendation g
- The service should continue to review and update its quality improvement plan to ensure the impact of change can be measured and a culture of continuous improvement can be demonstrated.
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

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<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td><strong>1</strong> The provider must develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 10).</td>
</tr>
<tr>
<td>Timescale – by 10 December 2021</td>
</tr>
<tr>
<td>Regulation 3(a)</td>
</tr>
<tr>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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</table>

| **2** The provider must implement a clinical waste contract with a specialist waste contractor for the removal and disposal of all healthcare and hazardous waste produced by the service, including gypsum waste (see page 10). |
| 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)

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
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</table>
| **3** | The provider must have an appropriate procedure in place for the disinfection of laboratory work (see page 10).  
Timescale – immediate  
*Regulation 3(d)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **4** | The provider must have a system in place for assuring radiological safety in the service. This must include:  
- completing all recommendations and actions from the X-ray machine installation assessments  
- ensuring that a suitable radiation protection adviser and medical physics expert are appointed, and  
- updating the service’s radiation protection file to ensure all necessary information is complete and up to date (see page 11).  
Timescale – by 10 December 2021  
*Regulation 3(d)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **5** | The provider must implement a stock checking and rotation system and ensure any expired materials are disposed of correctly. All staff should be given training in this system (see page 11).  
Timescale – immediate  
*Regulation 3(a)*  
*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)

Requirements

6 The provider must ensure that all members of the sedation team receive regular update training in sedation techniques and sedation related emergencies. Nasal cannula (equipment for delivering additional oxygen to the patient) must also be kept as part of the sedation equipment kit (see page 11).

Timescale – by 10 December 2021

*Regulation 3(a)*

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

Recommendations

a The service should develop a duty of candour policy and staff should receive training on the principles of duty of candour (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

b The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events (see page 11).

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

c The service should carry out regular audits of patient care records to identify gaps in recording and highlight where improvements are needed. Audit results should be shared with clinicians (see page 12).

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

d The service should ensure a protocol is in place to make sure that patients receive proper notification if the service can no longer meet their needs and wishes (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.12
### Domain 7 – Workforce management and support

#### Requirement

7 The provider must develop and implement a practicing privileges policy and individual practicing privileges agreement for each self-employed clinician (see page 13).

Timescale – by 10 December 2021

*Regulation 8*

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

#### Recommendation

The service should ensure that appropriate health clearance and background checks are carried out for all job roles as part of the recruitment process. There should also be a system in place to review background checks, health clearance, professional registration status and indemnity insurance for all employed and self-employed staff on a regular basis (see page 14).

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

### Domain 9 – Quality improvement-focused leadership

#### Requirement

8 The provider must ensure its registered manager, or a formally nominated deputy, is present at all times during service operating hours, to ensure clear leadership and proper oversight of the service on a day-to-day basis (see page 16).

Timescale – by 10 December 2021

*Regulation 12(a)*

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### Domain 9 – Quality improvement-focused leadership (continued)

**Recommendations**

| f | The service should reinstate its regular meetings and continue to formally record minutes of these meetings, including actions to be taken forward and monitored (see page 16).

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

| g | The service should continue to review and update its quality improvement plan to ensure the impact of change can be measured and a culture of continuous improvement can be demonstrated (see page 16).

> 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
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

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