Announced Inspection Report: Independent Healthcare

Service: Edinburgh Dental Specialists, Edinburgh
Service Provider: Portman Healthcare Limited

1 March 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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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 Edinburgh Dental Specialists on Monday 1 March 2022. We spoke with a number of staff during the inspection. This was our first inspection to this service.

The inspection team was made up of two 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Edinburgh Dental Specialists, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The environment is safe, clean, well-equipped environment. A suitable process was in place for decontaminating (cleaning) re-usable dental instruments. All criteria from the national dental and sedation practice inspection checklists were met.</td>
</tr>
</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Leadership was visible and approachable. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed. | ✔️ Good |

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>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>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

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

**What action we expect Portman Healthcare Limited to take after our inspection**

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.
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

We would like to thank all staff at Edinburgh Dental Specialists 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

The environment is safe, clean, well-equipped environment. A suitable process was in place for decontaminating (cleaning) re-usable dental instruments. All criteria from the national dental and sedation practice inspection checklists were met.

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. All essential and best practice criteria on this inspection were met.

Patient care and treatment was provided in a clean and safe environment that was well designed and fully equipped for the procedures offered. All areas were well organised and finished to a good standard.

The service’s on-site decontamination room was well equipped with two washer disinfectors and three autoclaves used to clean and sterilise equipment. Service contracts were in place for this equipment.
A dedicated staff member had sole responsibility for operating the decontamination room. Dental nurses had also been trained to carry out the decontamination (cleaning) and sterilisation of all reusable patient equipment. Instruments could be safely and easily transported from the dental surgeries to the decontamination room. Staff had a full understanding of the service’s decontamination process and showed us how they safely processed instruments.

Infection prevention and control policies and procedures were in place. These had been updated with COVID-19 policies and standard operating procedures. Aerosol-generating procedures were being carried out in a limited way with appropriate fallow time (downtime) after the treatment to allow air and water droplets to settle. Patients were contacted before their appointment to check they had no COVID-19 symptoms. Patients were told to telephone the practice before entering the building for their appointment and a COVID-19 screening questionnaire was carried out. Alcohol-based hand rub was available at the entrance and all patients were asked to use this on entering and leaving the building. Patients were asked to remove their face mask when treatment started. Single-use patient equipment was used where possible to prevent the risk of cross-infection.

A range of radiological examinations could be carried out to aid treatment planning and treatment. Some of the dental surgeries had x-ray machines, and a specific x-ray machine for taking 3D images was also located in a separate dedicated room. All radiological machines had regular safety assessments and a detailed and up-to-date radiation protection file was in place. Radiographic (x-ray) images were stored securely on the electronic patient care records. Two ceiling-mounted dental microscopes were used for some dental procedures and an intra-oral scanner was available, so dental impressions could be taken electronically.

All staff carried out yearly training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). A number of the practice’s dental clinicians were able to provide this service. The sedation team had completed life support training and had trained in appropriate sedation techniques.
The service had adequate systems and processes in place to make sure the care environment and equipment was safe. Maintenance contracts were in place for:

- decontamination equipment
- fire safety
- legionella, and
- pressure vessels, such as sterilisers and dental compressors.

Health and safety and radiation safety risk assessments had been also been carried out.

**What needs to improve**

Some equipment servicing was overdue. However, arrangements were in the process of being made at the time of the inspection.

- No requirements.
- No recommendations.

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

Comprehensive patient assessments were carried out for all patients. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.

The service received the majority of patient referrals through letters or a secure web form on the service’s website. Patient co-ordinators assessed the information and transferred it to an electronic software system the service used to contact the patient.

The five electronic patient care records we reviewed were a very good standard, detailing assessment and clinical examinations, treatment and aftercare information. Patient care records included a range of good-quality x-ray images that the clinician had carefully annotated. A consultant radiologist assessed and commented on all 3D x-ray images.

The reception team contacted patients to provide a detailed explanation of what would be expected at their first appointment, usually an initial assessment appointment. This appointment could include the option of a scan, where appropriate. Staff explained the costs associated with this, along with what to
expect at the appointment. This was followed up with an email or letter summarising everything that had been discussed during the telephone call.

A welcome pack was provided to every patient before their assessment appointment. This included information on the clinic, costs of services and where to find the clinic. After the initial assessment appointment, a written treatment plan with options were provided to the patient. This included the risks to the treatments and a detailed estimate for treatment costs.

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.

The practice team carried out a range of patient care record audits, including:

- clinical record-keeping
- dental implant success
- periodontal (gum health) status
- radiography, and
- treatment course completion.

Audits were carried out every 6 months and recorded. The service’s provider also has a wider group of UK dental practices and results from audits were also shared and collated with the provider. The results were then reviewed and feedback provided to the services in the group to help learning and improvement. The provider analysed audit results for trends or issues identified and provided support or further training to the service or individual clinician.

The service had a suitable back-up system in case of failure of the practice management software system.

- No requirements.
- No recommendations.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Safe recruitment and induction systems were in place. All staff were suitably trained for their job role and kept their skills up to date. Regular staff appraisals were carried out.

A robust staff recruitment process was in place. The service checked professional registration status before staff started in their role. New employees received good support from the team and the service had an induction plan in place for all new staff. We saw evidence that all staff had background and health clearance checks completed, including Protecting Vulnerable Groups (PVG) checks. We noted that staff retention rates were very good. A robust system was followed to check revalidation of yearly registration and indemnity of staff was up to date.

From speaking with staff, it was clear they understood, and had been suitably trained for their individual roles. Staff were also clear about their responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved. Yearly appraisals and 6-monthly reviews were held to discuss progress with the performance and development goals set for each staff member.

The provider supported staff in their training and development. All staff could access an online portal that provided training courses in a range of areas. A full range of courses were available. It was expected that staff had to participate in a range of core training. This included fire safety, equality and diversity, adult and child protection and decontamination.

- No requirements.
- No recommendations.
Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Leadership was visible and approachable. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.

A new service manager had recently taken over responsibility of running the service. The service manager worked closely with the senior management team to review policies, procedures and improve the way the service operated. Staff told us that management staff were approachable and any concerns or suggestions they raised with managers would be considered. An online reporting tool was available that allowed staff to raise concerns they had. Staff we spoke with described a positive team culture. They told us the practice service manager was visible, approachable and actively encouraged their contributions to develop and improve the service.

A wide range of meetings were held with different staff groups to maintain good communication and information-sharing. The management team met regularly, dental nurse meetings were held weekly with practice meetings held monthly. Practice meetings could be attended in person or virtually online. Minutes were recorded, actions were clearly detailed and the minutes were shared with staff. Patient feedback was discussed at these meetings and we saw evidence of lessons learned and changes made to improve the quality of the service. For example, reception staff started to warn patients to be careful of the bottom step when leaving the building as it was a different height to the others, after a patient tripped on it. Clinicians met regularly with each other to discuss treatment planning and patient cases. For example, the periodontist met with the hygienist weekly to discuss their patients’ treatment and progress.

Before the COVID-19 pandemic, the service held regular training for dental clinicians who referred in. While this had not been held for some time, it was hoped that this could be restarted soon. These training events gave referrers an opportunity to learn more about the service, treatments it offered and hear
from a range of highly esteemed lecturers in specialist areas of dentistry, including:

- implants
- oral surgery, and
- periodontology (gum health).

The majority of the dentists in the service were on the specialist General Dental Council register. This meant that the service could provide a wealth of specialist dentistry experience for its patients. A number of staff were involved in teaching at national level.

**What needs to improve**

The service did not have a formal quality improvement plan in place. This would help the service to structure and record service improvement processes and outcomes. The service would be able to better measure the impact of change and demonstrate a culture of continuous improvement (recommendation a).

**Recommendation a**

- The service should develop and implement a quality improvement plan.
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 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The service should develop and implement a quality improvement plan (see page 13).</td>
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</tbody>
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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.

More information about our approach can be found on our website:
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