Announced Inspection Report: Independent Healthcare

Service: Edinburgh Denture Clinic, Edinburgh
Service Provider: Edinburgh Denture Clinic

28 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
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 Edinburgh Denture Clinic on Tuesday 28 September 2021. We spoke with the service manager. We did not receive any feedback from patients to 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 one inspector.

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 Edinburgh Denture Clinic, the following grades have been applied to the key quality indicators.

<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>
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<tr>
<td>5.1 - Safe delivery of care</td>
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<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicators were inspected against during this inspection.

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
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<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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 Edinburgh Denture Clinic to take after our inspection**

This inspection resulted in five requirements and two 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Edinburgh Denture Clinic, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Arrangements were in place to deal with emergencies. The service has an infection prevention and control policy in place. Improvements must be made to the treatment room environment.

An infection prevention and control policy was in place, along with cleaning procedures and risk assessments. While these hadn’t been updated in line with current COVID-19 guidance, control measures were in place to minimise infection transmission. Patient treatment was appointment-only and the door remained locked between appointments. Patients were contacted the day before their appointment to check they had no COVID-19 symptoms before attending their appointment the next day. Screening was repeated when the patient arrived for their treatment and records of this screening were kept in the patient care record. Alcohol-based hand rub was available at the entrance to the premises and all patients had their temperature taken when entering. Patients were normally taken straight to the treatment room and asked not to remove their face mask until treatment was about to begin.

No medications were used in the service. An emergency kit was held and maintained appropriately and the service manager kept up to date with cardiopulmonary resuscitation (CPR) training every year. While an accident book was kept, the service had not had any accidents, incidents or adverse events occur since its registration.

The service had a duty of candour process that described how it would meet its responsibility to be honest with patients if things went wrong.
What needs to improve

Maintenance of the premises needed to be improved. While cleaning schedules were in place, we saw dust and debris on the treatment room floor. For example, underneath the treatment chair and along the non-coved flooring edges. Large gaps around pipework and underneath the worktops prevented effective cleaning and encouraged the entry of pests. Exposed cables and extension leads underneath the treatment couch added to the difficulty in cleaning.

The service did not have an adequate hot water supply feeding the clinical hand wash basin and equipment sink in the treatment room or the hand wash basin outside the toilet room. The clinical hand wash basin was also old, small and not compliant with current guidance. While all three sinks had their own electric water heater above, the water took a long time to heat and a kettle was often boiled instead and mixed with cold water when warm water was needed. A mixture of instant hot and cold water must be available at all times in healthcare premises, to allow appropriate hand washing and equipment cleaning (requirement 1).

We saw evidence that the fixed electrical wiring had been checked in January 2016. While the report highlighted several issues that required immediate remedial action, no action had been taken to address these. The manager agreed to contact a competent electrician immediately to carry out a fixed electrical wiring check and take the appropriate remedial action needed. A new fixed electrical wiring check was carried out 1 week after our inspection and the electrical system unsatisfactory (requirement 2).

We saw an old air compressor in the dental laboratory downstairs. Although the manager told us it was rarely used, it had no servicing history, written scheme of examination or pressure vessel insurance in place. The compressor must be properly serviced and maintained, even if it is intended for only occasional use. Alternatively it must be disposed of (requirement 3).

We found four 13kg cylinders of butane gas and a homemade Bunsen burner attachment in the dental laboratory downstairs. While there was a fire extinguisher and smoke alarm in place, we saw no evidence that a fire risk assessment had been carried out (requirement 4).

The basement lacked proper ventilation. Storing large amounts of gas, the use of a naked flame and the presence of residential properties above and either side, carried a risk of fire and explosion. We referred our concerns to the Health and Safety Executive, as the regulator responsible for health and safety in healthcare premises.
While the service had a complaints policy, it had no written procedure that detailed how complaints should be made, the timescales for investigation or the details of Healthcare Improvement Scotland (requirement 5).

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

- The provider must develop a refurbishment plan that sets out how it will do the following within a reasonable timeframe:
  
  - (a) fill all gaps in the treatment room flooring with a suitable material to prevent the entry of pests
  - (b) install coving to the treatment room floor covering to allow effective cleaning
  - (c) box in all exposed cabling and extension leads under the treatment room chair, to allow effective cleaning
  - (d) upgrade the clinical hand wash basin and equipment sink in the treatment room and hand wash basin outside the toilet room to meet current Scottish Health Technical Memorandum 64
  - (e) install an instant hot water supply to the clinical hand wash basin and equipment sink in the treatment room and hand wash basin outside the toilet room, so that a supply of instant hot and cold water is always available.

**Requirement 2 – Timescale: by 10 December 2021**

- The provider must demonstrate that all remedial action highlighted in the fixed electrical check carried out on Tuesday 5 October 2021 is carried out.

**Requirement 3 – Timescale: by 10 December 2021**

- The provider must ensure the compressor in the dental laboratory is properly serviced and maintained in line with appropriate pressure systems regulations, or dispose of it.

**Requirement 4 – Timescale: by 10 December 2021**

- The provider must arrange for a fire risk assessment to be carried out by a competent person and demonstrate that any remedial action identified has been carried out.

**Requirement 5 – Timescale: by 10 December 2021**

- The provider must establish a written complaints procedure for considering complaints made about the service. The procedure must include the name and full contact details for Healthcare Improvement Scotland and highlight patients’ right to complain to the healthcare regulator at any time.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received an assessment before any treatment was carried out. Patient care records were consistent and contained appropriate information.

All patients received an assessment before any treatment was carried out. Explanations of proposed treatment were provided including any potential associated risks. We reviewed five patient care records and saw that these contained the patient’s GP details, medical history and consultation. Consent to treatment had been signed by both the practitioner and patient. A treatment plan was agreed between the practitioner and patient before starting treatment. This was then documented in the patient care record.

After treatment, patients were provided with verbal aftercare information. We were told that the provision of paper copies of written aftercare information had been stopped due to the risk of COVID-19.

- 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 service manager kept their professional development up to date. A quality improvement plan and patient engagement strategy should be developed to help drive service improvement.

The service had one employee, a clinical dental technician registered with the General Dental Council. They maintained their professional development and kept up to date with changes to best practice through membership of industry bodies and attending relevant conferences and training events.

**What needs to improve**

Regular reviews of the service would help make sure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation a).

No mechanisms were in place for collecting patient feedback. A patient engagement strategy would help the service gather patient feedback and use it to drive improvement. This could be done as part of the service’s quality improvement process (recommendation b).

**Recommendation a**

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

**Recommendation b**

- The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive 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 5 – Delivery of safe, effective, compassionate and person-centred care

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<thead>
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(e) install an instant hot water supply to the clinical hand wash basin and equipment sink in the treatment room and hand wash basin outside the toilet room, so that a supply of instant hot and cold water is always available (see page 8). |

Timescale – by 10 December 2021

Regulation 10  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<table>
<thead>
<tr>
<th></th>
<th>Requirement</th>
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<th>Regulation</th>
<th>Reference</th>
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<td>The provider must demonstrate that all remedial action highlighted in the fixed electrical check carried out on Tuesday 5 October 2021 is carried out (see page 8).</td>
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<td>by 10 December 2021</td>
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<td>by 10 December 2021</td>
<td>15</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

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

<table>
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<table>
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<th>Recommendations</th>
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| **a** The service should develop and implement a quality improvement plan (see page 10).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| **b** The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 10).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
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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