Announced Focused Inspection Report: Independent Healthcare

Service: Clifton Dental Clinic, Glasgow
Service Provider: Portman Healthcare Ltd

6 May 2021
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www.healthcareimprovementscotland.org
Contents

1 A summary of our inspection 4

2 What we found during our inspection 7

Appendix 1 – Requirements and recommendations 14
Appendix 2 – About our inspections 15
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.

We carried out an announced inspection to Clifton Dental Clinic on Thursday 6 May 2021. This was our first inspection to this service. We spoke with eight members of staff during the inspection.

The inspection team was made up of two dental 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Clifton Dental 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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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</table>

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met all criteria from the national dental and sedation practice inspection checklists used during this inspection.</td>
<td>✔️ Exceptional</td>
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### 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>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A robust corporate governance structure was in place. Information, such as updates or changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider provider group. Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could contribute to further improving the quality of the service provided and the patient experience. A strong team approach to quality improvement was evident.</td>
<td>✔️ ✔️ ✔️ Exceptional</td>
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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>Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare. Detailed information was provided to patients before and after their initial assessment appointments, and throughout the course of their treatment.</td>
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</table>

#### 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>Safe recruitment and induction systems were in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out.</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

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

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Clifton Dental 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

Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met all criteria from the national dental and sedation practice inspection checklists used during this inspection.

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. The fabric and finish of the clinic was to a good 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 onsite 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. Dental nurses had 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 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. These had been updated with COVID-19 policies and standard operating procedures. At the time of our inspection, the service was limiting the number of patients to the premises and the treatments it carried out. Aerosol generating procedures were being carried out in a limited way with appropriate fallow (downtime) time 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. They were instructed to contact the practice by telephone before entering the building for their appointment and a COVID-19 screening questionnaire was carried out. Patients were greeted at the door of the premises and a temperature check, and a check to ensure the patient had completed the verbal COVID-19 questionnaire, was completed. Alcohol-based hand rub was available at the entrance to the premises and all patients were asked to use this on entering and leaving the building. A limited number of chairs were available in the waiting room and clear markings for distancing were displayed on the floors and furniture. Patients did not remove their face mask until they were in a clinical setting and treatment was about to begin. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection.

A range of radiological examinations could be carried out to aid treatment planning and treatment. 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. A dental microscope was used for endodontic (root treatment) procedures.

All staff carried out annual 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 additional life support training and had been suitably trained in the sedation techniques undertaken.

Comprehensive systems and processes were in place to make sure the care environment and equipment were safe. We saw maintenance contracts for fire safety, decontamination equipment and pressure vessels, such as sterilisers and dental compressors. Appropriate electrical safety checks were carried out, and health and safety and radiation safety risk assessments had been completed. The service is part of a wider group of approximately 150 dental practices across the UK. All safety checks are recorded on a centrally held electronic system. This ensures that safety checks are up to date, and any issues identified are flagged and actioned.

Results from audits are also collated centrally and shared with the wider group of dental practices. These are then reviewed and feedback is provided to individual practice teams, and then to all the practices in the group, to help learning and improvement. Any trends or issues identified are examined at a corporate level, and support or further training is provided to the practice or to an individual clinician, where required.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare. Detailed information was provided to patients before and after their initial assessment appointments, and throughout the course of their treatment.

The majority of patient referrals were received by the service electronically through a form on the practice website. The information was then transferred to the practice management software system and used to contact the patient. The referring practitioner received an acknowledgment of their referral and regular communication was maintained at each stage of the patient journey with them.

The reception team contacted patients to provide a detailed explanation of what would be expected at their first appointment, typically 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 summarising everything that had been discussed during the telephone call.

We reviewed six electronic patient care records stored on the practice management software system. These were of a very good standard, detailing assessment and clinical examinations, treatment and aftercare information. Patient care records included a range of X-ray images which we found to be of good quality, well reported and often carefully annotated by the clinician.

A welcome pack was provided to every patient after their assessment appointment. This included written treatment plans, detailed estimates for treatment costs and patient education leaflets such as hygiene instruction information that related specifically to the needs of the patient.

Once the patient had attended their assessment appointment, the treatment co-ordinator, who is a registered dental nurse, also followed up with a telephone call to discuss the assessment findings, treatment options, the costs entailed and the consent procedure. The patient had the opportunity to ask any further questions, and could make an appointment for treatment at this point. Alternatively, they could decide to be contacted at a later date to allow them time to review the treatment options. An email was sent to the patient following this call summarising what had been discussed and agreed.

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 every 6 months. These included clinical record keeping, radiography, periodontal (gum health) status, treatment course completion and dental implant success.

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 were actively keeping their skills up to date. Regular staff appraisals were carried out.

A robust staff recruitment and induction process was in place. We saw evidence that all staff had undergone relevant background and health clearance checks, including Protecting Vulnerable Groups (PVG) checks. We noted that staff retention rates were good.

From speaking with staff, it was clear they understood, and had been suitably trained for, their individual roles. They were also clear on their responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved. Annual appraisals took place, as well as 6-monthly reviews, 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. This included fire safety, adult and/or child protection, decontamination and radiography. We saw evidence that staff had continued to carry out online training and education during the time the practice was closed due to COVID-19. We saw examples where staff were applying this newly acquired knowledge to enhance and improve what they were doing in the practice, particularly in relation to developing and implementing the new COVID-19 protocols and procedures.

- 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

A robust corporate governance structure was in place. Information, such as updates or changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider provider group. Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could contribute to further improving the quality of the service provided and the patient experience. A strong team approach to quality improvement was evident.

The service is part of a wider group of approximately 150 dental practices across the UK. A central team, which included compliance, regulatory, operational and clinical leads, supported the dental practices and practice managers in running their services. A clinical lead was assigned for every practice and a regional clinical lead to specifically support clinicians, where required. These teams worked with the individual practice teams and regularly visited practices to provide support. As a result, oversight of the quality assurance and improvement approaches was very good. The central teams continually reviewed, compared and benchmarked practices’ performance. They also assisted them with implementing any changes in practice or how they delivered services to help them to continually improve.

The provider regularly communicated and shared guidance with services to support them to keep up to date with any emerging dental and clinical issues. Staff told us it was particularly useful over the past months with the changing requirements and guidance around COVID-19 for dental practices.

Full practice meetings were held at least every month, and individual staff groups met every month. Staff were encouraged to take turns to set the agenda and lead the staff group meetings. This allowed staff to feel more included in the day-to-day running of the practice, and to discuss and develop ideas and
solutions. For example, a dental nurse carried out a medical emergency training scenario at a dental nurse meeting they were leading. There was a strong sense of a team approach to quality improvement.

Minutes were recorded for all formal meetings, with actions clearly detailed. These were logged on the internal electronic system for all staff to access at any time. Feedback was collated regularly from various patient feedback routes and was discussed at these meetings. Staff told us they found this very useful to learn from and make any improvements to the patient experience, as well as providing positive reinforcement of the job they were doing. A ‘You said, we did’ feedback system for patients had recently been introduced. Patients could see what feedback had been received by the practice, and what action had been taken to improve the care and service provided to patients.

A new computer program had recently been introduced across the provider’s group of services. This helped to manage compliance and consistency in approach to operational and quality improvement, while still allowing practices to have their own unique identity and autonomy. For example, the program allowed practices to record audit results, complaints, adverse events, duty of candour incidents and accidents. These results were compared at a corporate level and then shared with all practices. Any lessons to be learned were discussed with staff at practice meetings. Every 3 months, the provider produced a ‘Root Issues’ document which was disseminated to all staff. This gave examples and learning from the past 3 months from near misses, incidents and adverse events that had occurred at any of the provider’s practices, and beyond. Staff told us they found this really useful to learn and help drive improvement in the service.

The provider’s annual corporate plan described its overarching themes and priorities as learning, feedback and improving. This report was disseminated to practice managers and the practice teams. This approach allowed the provider to benchmark between practices, allowing good practice to be shared to help improve how services were delivered. The provider had also recently started sharing information and knowledge with other dental groups to allow further benchmarking to take place.

The service regularly offered training and continuing education sessions for dental practitioners who refer into the service. This involved a range of training events such as endodontic training (root canal treatment and other procedures for treating the inside of teeth) and for restoring dental implants.

- No requirements.
- No recommendations.
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.

This inspection resulted in no requirements and no recommendations.
## 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.

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<thead>
<tr>
<th>Before inspections</th>
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<tbody>
<tr>
<td>Independent healthcare services submit an annual return and self-evaluation to us.</td>
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<tr>
<td>We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.</td>
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<tr>
<th>During inspections</th>
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<tr>
<td>We use inspection tools to help us assess the service.</td>
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<tr>
<td>Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.</td>
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<tr>
<td>We give feedback to the service at the end of the inspection.</td>
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<table>
<thead>
<tr>
<th>After inspections</th>
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<tbody>
<tr>
<td>We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.</td>
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<tr>
<td>We check progress against the improvement action plan.</td>
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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