Announced Focused Inspection Report: Independent Healthcare

Service: Centre for Implant Dentistry, Glasgow
Service Provider: Centre for Implant Dentistry Ltd

10 May 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 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 Centre for Implant Dentistry on Monday 10 May 2021. This was our first inspection to this service. We spoke with four members of staff during the inspection.

The inspection team was made up of two dental inspectors and one inspector observing.

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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Centre for Implant Dentistry, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<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. Re-usable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met most of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, laser safety training must be completed.</td>
<td>Satisfactory</td>
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</table>
**Domain 9 – Quality improvement-focused leadership**

<table>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was open, visible and approachable with the practice owner (practitioner) and operations manager regularly present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.</td>
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</table>

Satisfactory

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>
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<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 consultations, assessments, treatments and aftercare.</td>
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</tbody>
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**Domain 7 – Workforce management and support**

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe recruitment and induction systems were in place. All staff were appropriately trained for their job role and actively kept their skills up to date.</td>
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</tbody>
</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 Centre for Implant Dentistry Ltd to take after our inspection**

This inspection resulted in one requirement 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 requirement 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

Centre for Implant Dentistry Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Centre for Implant Dentistry 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. Re-usable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met most of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, laser safety training must be completed.

NHS dental services are inspected using the national Combined Practice Inspection Checklist to ensure the safe delivery of care. This checklist has 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. The majority of the essential and best practice criteria on this inspection were met.

Patient care and treatment was provided in a clean and safe environment with an excellent standard of fabric and finish in the clinic. During our inspection, we saw that all areas were clean, tidy and well organised. The service’s dental surgeries were well designed and fully equipped for the procedures offered.
The on-site decontamination room was well equipped with a washer disinfector and two autoclaves used to clean and sterilise equipment. Service contracts were in place for this equipment. Dental nurses had been trained to decontaminate (clean) and sterilise all reusable patient equipment. Instruments could be safely and easily transported from the dental surgeries to the decontamination room. Staff knew the service’s decontamination process and were able to show us how they safely processed instruments. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection.

Infection prevention and control policies and procedures were in place and had been updated to address COVID-19. At the time of our inspection, the service had limited the number of patients to the premises and the treatments it carried out. The number of aerosol-generating procedures carried out had been reduced with appropriate fallow (downtime) time after treatment to allow air and water droplets to settle. Patients were contacted before they attended their appointment to check they had no COVID-19 symptoms. The clinic door was locked and could only be entered using an intercom system. Patients were greeted at the door of the premises, and a COVID-19 questionnaire was carried out before they entered. Alcohol-based hand rub was available at the entrance to the premises. Patients were immediately taken to the dental surgery and asked not to remove their face mask until treatment started.

All staff completed training in medical emergencies management every year. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

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

We saw adequate systems and processes in place to make sure the care environment and equipment was safe. Maintenance contracts were in place for fire safety, decontamination equipment and pressure vessels. Health and safety and radiation safety risk assessments had been completed. Appropriate electrical safety checks were also carried out.

A variety of radiological examinations could be carried out to help treatment planning and treatment. A separate, dedicated room stored a mobile X-ray machine and a 3D-image-X-ray machine. The dental surgeries had access to the machines and regular safety assessments had been completed. We saw a detailed and up-to-date radiation protection file in place. Radiographic (X-ray) images were stored securely on the electronic patient care records. A dental
laser was available for some treatments and training in its use had been completed. Local rules were in place, a laser protection advisor had been appointed and a site assessment had been carried out.

**What needs to improve**
The laser protection advisor had identified that the operator had not completed ‘core of knowledge’ safety training for the laser (requirement 1).

- No requirements.

**Requirement 1 – Timescale: immediately**
- The provider must ensure staff have completed ‘core of knowledge’ safety training for operators of the laser.

**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 consultations, assessments, treatments and aftercare.

The service received the majority of its patient referrals through email and it accepted self-referrals and referrals from other clinicians. The information from the referral was entered into the practice management software system and used to contact the patient. The service provided a free online consultation for patients where a registered dental nurse contacted the patient to discuss their requirements and gave information on the services available. A confirmation was sent to the referring practitioner that the referral had been received. The referring practitioner was kept up to date at each stage of the referred patient’s journey.

The four patient care records stored electronically on the practice management software system we reviewed were comprehensive and detailed. They included:

- consent documentation
- thorough assessment and clinical examinations, and
- treatment and aftercare information.
Patient care records also included good quality digital photographs, radiographs (X-ray images) and scans. All scans we checked were accessible and reported in the patient care record.

All patients had been given comprehensive written treatment plans and estimates of treatment costs in a welcome pack that were also emailed to the patient. Patients were reviewed after their appointment and further appointments were scheduled, based on risk-assessment. These were recorded in the patient notes.

The clinical team carried out quality improvement activity, including a significant event analysis. Patient care record audits included a radiography record-keeping audit.

Patients were asked for feedback after their visit to the practice using a variety of methods, such as:

- a video testimonial
- review on an internet or social media platform, and
- a blank paper testimonial.

The administration team, the marketing officer and operations manager reviewed this feedback daily. The operations manager contacted people to address any issues or concerns they had raised. Information collected was regularly discussed with the team. We saw evidence that the collection of patient feedback was important to the service and key members of the team had responsibility to make sure feedback was collected. This helped the service continually learn and improve.

The service had suitable back-up systems 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 appropriately trained for their job role and actively kept their skills up to date.

Several new staff had been recruited and a new operations manager had recently been employed. We saw safe staff recruitment processes were in place and had been followed, for example, all staff had relevant background and health clearance checks carried out, including Protecting Vulnerable Groups (PVG) checks.

From speaking with staff, it was clear they understood their individual roles and had been appropriately trained for them. Staff were also clear about their own responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved. Dental nurses were actively involved in the patient journey. For example:

- they contacted each patient to discuss their referral and treatment plan
- they took digital photographs of the patient smile
- they took 3D scans (on the prescription of a dentist), and
- they took impressions of the patients’ mouth, if required.

Staff were encouraged to develop their knowledge and skills. The service financed courses for staff, such as a dental nurse we saw that was completing their dental nurse sedation qualification. Since the new operations manager had joined the service, all policies and procedures had been reviewed.

- 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

Leadership was open, visible and approachable with the practice owner (practitioner) and operations manager regularly present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.

A new operations manager had recently taken over responsibility of running the service. The operations manager had been actively recruiting new members of the team as the service was expanding.

The operations manager worked closely with the service manager to review policies, procedures and improve the way the service operated. We were told the registered manager and operations manager informally met regularly to discuss any issues in the service and drive forward improvements. Staff told us that the management team were approachable and any concerns or suggestions they raised with managers would be considered. The team met at least three times a week for a ‘morning huddle’ at the start of the day. These meetings helped identify any potential patient issues or operational issues for that day or the day after.

The service manager delivered a dental implant restorative course for dental practitioners who referred patients to the service. This was a 6-week course that included some practical elements and provided new knowledge and skills to the referring dental practitioners.

What needs to improve

While we were told the practice owner and practice manager met regularly to discuss service improvement, not all meetings were recorded. A more formal system for recording the outcomes of these meetings, including any actions to
be taken forward and monitored, would help keep track of improvements and accountability (recommendation a).

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 b).

- No requirements.

**Recommendation a**
- The service should formally record the minutes of management meetings, including actions to be taken forward and monitored.

**Recommendation b**
- 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 5 – Delivery of safe, effective, compassionate and person-centred care

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<th>Requirement</th>
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<tr>
<td>1</td>
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<tr>
<td>Timescale – immediate</td>
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<tr>
<td>Regulation 3(d)(v) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<tr>
<th>Recommendations</th>
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<tr>
<td>None</td>
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<tr>
<td><strong>a</strong> The service should formally record the minutes of management meetings, including actions to be taken forward and monitored (see page 13).</td>
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</table>

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 quality improvement plan (see page 13). |

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## 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>
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<th>Description</th>
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<tbody>
<tr>
<td><strong>Before inspections</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>During inspections</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>After inspections</strong></td>
<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> 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.</td>
</tr>
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</table>

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.ihc regulation@nhs.scot