Announced Focused Inspection Report: Independent Healthcare

**Service:** Dentistry Plus, Kirkintilloch
**Service Provider:** Dentistry Plus

9 March 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 Dentistry Plus on Tuesday 9 March 2021. This was our first inspection to this service. We spoke with six 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Dentistry Plus, 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>
</tr>
</tbody>
</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. All reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met all of the criteria from the national dental combined practice inspection checklist used during this inspection.</td>
<td>✔ ✔ Good</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>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was visible, open, supportive and communicative. The practice manager and practice partners worked well together to lead and support the team. Staff communicated and met together on a regular basis. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.</td>
<td>☑ Satisfactory</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>
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<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.</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>Adequate recruitment, training and development systems were in place. All staff had personal development plans, and opportunities for training and development.</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 Dentistry Plus to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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 Dentistry Plus 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. All reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met all of the criteria from the national dental combined practice inspection checklist used during this inspection.

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

The service had recently expanded and the premises had been renovated. A clean and safe environment was provided for patient care and treatment. 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 a washer disinfector and 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. Dental 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. 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. 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. Before entering the premises, a COVID-19 screening questionnaire was completed verbally through the practice door entry system to ensure patients and visitors had no COVID-19 symptoms before entering the practice. Separate entrances and exits had been introduced to reduce the risk of contact with others. Alcohol-based hand rub was available at the entrance to the premises.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The dental surgeries had X-ray machines which had undergone 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.

All staff normally carried out practical training in the management of medical emergencies every year. Due to COVID-19, this training was overdue but staff were in the process of carrying out online medical emergency training until the face-to-face training could take place. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

Adequate systems and processes were in place to ensure the care environment and equipment were safe. We saw maintenance contracts for fire safety. Appropriate electrical safety checks had been carried out, and health and safety and radiation safety risk assessments had been completed.

A comprehensive system was in place for auditing some of the operational areas of the service. This included auditing that regular checks of the emergency drugs and decontamination equipment were carried out.

- 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.

We reviewed six electronic patient care records stored on the practice management software system. These were of a 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. Written treatment plans along with estimates for treatment costs were provided to patients. These records included signed patient consent documents, where appropriate.

Confidentiality protocols and data back-up systems were in place to manage patient information securely.

The clinical team carried out a range of patient care record audits including medical history audits, periodontal (gum health) monitoring audits and radiographic record keeping.

- 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

Adequate recruitment, training and development systems were in place. All staff had personal development plans, and opportunities for training and development.

Safe staff recruitment processes were in place. All staff had undergone relevant background checks, including Protecting Vulnerable Groups (PVG) checks. We noted good staff retention rates and a low level of staff turnover.
All staff underwent detailed feedback surveys about their performance with their colleagues every year. This allowed the dental team to develop their individual personal development plans. The personal development plans were reviewed every 6 months with the practice partners and practice manager.

The practice had recently moved to become a fully digital practice. Staff were able to access information including policies and procedures, and information about courses and training opportunities, through a shared electronic drive. Staff were actively encouraged and supported to carry out training and develop their professional skills and knowledge. 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.

- No requirements.
- No recommendations.
**Vision and leadership**

This section is where we report on how well the service is led.

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**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.

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**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

Leadership was visible, open, supportive and communicative. The practice manager and practice partners worked well together to lead and support the team. Staff communicated and met together on a regular basis. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

Staff we spoke with were motivated and spoke positively about their role and of the service. For example, a staff member was very enthusiastic about the importance of their role in the decontamination of dental instruments. The practice partners and practice manager were visible, approachable and always on hand if required. Regular informal meetings were held and, before the COVID-19 pandemic, formal meetings were held every 3 months. As staff were currently working on different days due to COVID-19, communication was carried out on an electronic ‘group chat’ and staff were finding this worked well. A staff questionnaire had recently been completed by the team and we were told the results of this were to be shared with staff soon.

The quality assurance approach within the service was good. Patient feedback was regularly reviewed by the practice partners and practice manager. The service was also part of the quality assurance programme for their dental plan provider group, which the service had to undergo every 18 months. As part of this process, discussions on patient feedback take place and any lessons learned would be shared across the team and any required changes in practice would be implemented.

As the service was part of a dental plan provider group, this allowed them to access industry training and benchmarking opportunities. This helped the service keep up to date with emerging dental and clinical issues.
Patients were also able to access additional patient support information and education online, such as advice on tooth brushing, children’s dental health and information on dental products.

**What needs to improve**

Although the practice partners and practice manager met regularly to discuss patient and staff feedback and service improvement, there was no formal system to track responses to feedback and what improvements had been made. A formal quality improvement plan would help the service to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation a).

- No requirements.

**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

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<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>a  The service should develop and implement a quality improvement plan (see page 12).</td>
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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.

**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