Announced Focused Inspection Report: Independent Healthcare

Service: Minto Dental Care and Implant Centre, Edinburgh
Service Provider: Xeon Smiles UK Limited

26 February 2021
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www.healthcareimprovementscotland.org

Healthcare Improvement Scotland Announced Focused Inspection Report
Minto Dental Care and Implant Centre, Xeon Smiles UK Limited:
26 February 2021
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.

Xeon Smiles UK Limited is a subsidiary of Bupa Dental Care and is the registered provider for Minto Dental Care and Implant Centre. The service operates within Bupa Dental Care corporate frameworks and policies. For the purposes of this report, we will refer to Bupa (the parent company) when referring to Bupa Dental Care, and Xeon Smiles UK Limited when referring to the provider.

We carried out an announced inspection to Minto Dental Care and Implant Centre on Friday 26 February 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 one dental 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 comprehensive self-evaluation.

What we found and inspection grades awarded

For Minto Dental Care and Implant Centre, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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</table>

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>Quality indicator</td>
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<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>Quality indicator</td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
</tr>
</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

What action we expect Xeon Smiles UK Limited to take after our inspection

This inspection resulted in one requirement and one recommendation. 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

Xeon Smiles UK Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Minto Dental Care and Implant Centre 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. The service did not meet all criteria from the national dental combined practice inspection checklist used during this inspection. Improvements are needed to ensure the effectiveness of the decontamination (cleaning) process.

The fabric and finish of the practice was mainly of a reasonable standard. At the time of the inspection, all areas were clean, tidy and well-organised. All treatment rooms and waiting areas inspected were well designed and of a good size.

Although the practice’s on-site decontamination room was small, it was equipped with two washer disinfectors, one non-vacuum autoclave and one vacuum autoclave used to clean and sterilise dental instruments. Service contracts were in place for this equipment and log books showed they were in use and that routine testing was being carried out in line with manufacturers’ instructions. Dental instruments were transported to and from the decontamination room in sealed boxes that were clearly labelled as clean or dirty.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The four dental surgeries each had an X-ray machine installed. A specialised X-ray machine which takes whole mouth images was located in a separate room with all the appropriate safety precautions in place.
The service had developed extensive COVID-19 specific policies and procedures. At the time of the inspection, the service was limiting access to patients to ensure social distancing could be adhered to in waiting areas. Patients were contacted before appointments to ensure they had no COVID-19 symptoms and these questions were repeated before patients entered the premises along with recording temperature checks. Patients were required to wear face masks which were only to be removed during treatment. Alcohol-based hand rub was available at the entrance and throughout the premises for staff and patients to use.

We saw that the practice had a system to ensure staff signed to show they had read all required policies and protocols.

**What needs to improve**

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 not met.

In the dental surgeries, the dental chairs have integrated scalers. Although staff told us these scalers were rarely used, we found that they were not aware that the scaler hand pieces must be removed and sterilised separately after each patient use (requirement 1).

A number of items in the first aid kit were out-of-date. We also found the service had medicine available for treating seizures in the practice. However, this was not in line with the dose recommended for dental practices by the Resuscitation Council UK. No process was in place for regularly checking the contents of the first aid kit (requirement 1).

All dental practices in Scotland must complete NHS Education for Scotland (NES) infection prevention and control and decontamination training every 3 years. This ensures staff are up to date with the minimum precautions they should be taking when caring for patients. Staff were only currently carrying out decontamination training through Bupa (the parent company) (requirement 1).
We found that exhaust from one of the dental suction pumps was venting into a storage area. Suction pumps should either vent to an outside external area or have a filter installed (requirement 1).

Some of the worktops in the on-site decontamination room were visibly damaged. This means that surfaces cannot be effectively cleaned. We also noted a fridge in this room. Only equipment or items directly related to the decontamination process should be present in this room (requirement 1).

We found that there was not an effective system in the on-site decontamination room to allow an easy flow of used dental instruments from ‘dirty’ to clean’ areas (requirement 1).

We found that a number of the necessary recommendations and actions to be taken as a result of the most recent radiation safety assessment had not been completed (requirement 1).

**Requirement 1**

- The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must review and improve its practice in relation to:
  - decontamination of equipment (timescale: immediate)
  - first aid and medical emergency equipment (timescale: immediate)
  - staff training (timescale: by 16 July 2021)
  - suction systems (timescale: by 16 July 2021)
  - fixtures and fittings (timescale: by 8 October 2021)
  - decontamination processes (timescale: by 8 October 2021), and

- No recommendations.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records covered all aspects of consultation, assessment and treatment. However, some information was not always being recorded in patient care records.

We reviewed 12 electronic patient care records, including some records for patients who were receiving facial aesthetic treatment. We found these contained comprehensive up-to-date information about treatment provided, options, costings, assessments and examinations. This is in line with national dental guidance for record keeping.

Standardised templates with specific prompts were used to ensure all relevant domains in the patient care records were completed.

Patient care records included a range of radiographs (X-ray images) and scans. We found these to be of good quality. All selected scans were accessible and had been comprehensively reported in the patient care record.

Confidentiality protocols ensured only staff could access the records and data back-up systems were in place to manage patient information securely.

What needs to improve
While the standard of record keeping was generally good, we saw some instances where some of the required information had not been recorded. In two patient care records, we found that the justification for taking an X-ray and reporting on the resulting radiograph were not sufficiently recorded in the patient care records (recommendation a).

The facial aesthetic patient care records we reviewed were good. We advised the practitioner to include evidence of a written psychological assessment to replace their current practice of a verbal psychological assessment. The facial aesthetic recording template was updated at the time of the inspection to ensure this information would be recorded for future patients.

■ No requirements.

Recommendation a
■ The service should ensure all the required information in patient care records is consistently recorded.
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

A comprehensive corporate staff governance framework was being followed. This ensured staff were recruited safely, and were managed and supported. Staff carry out infection prevention and control training every year provided by Bupa (the parent company).

Through Bupa (the parent company), a corporate staff governance framework was followed to make sure staff were appropriately recruited and inducted into the practice. We saw evidence of the required pre-employment checks carried out including occupational health, professional registration and Protecting Vulnerable Groups (PVG) background checks.

Roles and responsibilities for staff and clinicians were clearly described in the radiation protection documentation.

Staff had recently completed team-based training in how to manage medical emergencies in the practice, in line with Resuscitation Council medical emergencies guidance.

A staff appraisal system was in place, which included regular review of personal development plans. This helped staff to identify future training needs to maintain the skills and knowledge required for their role. Each month, the manager completed one-to-one meetings with all team members. As part of this, staff activity logs and personal development plans were discussed and reviewed.

Bupa (the parent company) provided staff with access to training and education. For example, staff must complete 1 hour of infection prevention and control training each year.

- 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 9.1 - Vision and strategic direction

A robust corporate governance structure was in place. Information, such as corporate updates, changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider Bupa parent company. Staff met regularly and shared information to help the service constantly evolve and improve. Staff spoke positively about the good working relationships among the team and the practice manager.

Bupa’s (the parent company) corporate electronic system of audit, known as MOT, includes a range of audit topics such as hand hygiene, patient care records and radiation safety. Staff in the service used this audit system to audit these topic areas every 3 months. This helped to ensure regular review of the quality of the service provided. Results from the audits were uploaded onto an electronic system, which calculates a compliance score. The aim of the MOT system is to achieve 100% compliance. We saw evidence of completed audits for the service. The practice manager takes responsibility for producing an action plan for any area of non-compliance to ensure improvements are made.

Information from the audits was monitored by Bupa’s clinical lead. Performance was also shared with other dental practices in the wider Bupa parent company group of services through regular company ‘check-up’ emails.

Bupa (the parent company) shares audit results directly with staff in the practice through regular staff email updates, and these were discussed at the service’s staff meetings held every month. We saw evidence of these regular staff meetings at the practice. These helped to ensure good communication and keep staff up to date with developments in the practice, and the wider Bupa company.
Weekly calls were held between the service manager and other managers within their designated local area to provide updates and share information about current practice.

Bupa’s clinical director also held conference calls with clinical teams across the wider Bupa group of dental services, including this practice. These calls helped to share clinical updates, and any information about recent changes in legislation or best practice.

Directors from Bupa (the parent company) also held regular calls for any staff member in the practice to join to hear the latest company performance updates and any changes to policies and procedures. Information was also included through the staff email updates.

Staff we spoke with described the practice’s leadership as visible and approachable. In particular, clinical staff spoke of having a good working relationship with the practice manager. This helped to encourage staff engagement in considering ways the service could constantly evolve and improve.

- 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.

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

#### Requirement

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<td>- radiation safety (timescale: by 8 October 2021) (see page 9).</td>
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**Regulation 2**

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendation

| a | The service should ensure all the required information in patient care records is consistently recorded (see page 10). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27
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