Announced Inspection Report: Independent Healthcare

Service: Blackhills Clinic, Aberuthven
Service Provider: Blackhills Clinic Ltd

25 August 2021
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www.healthcareimprovementscotland.org
## Contents

1  Progress since our last inspection  4

2  A summary of our inspection  5

3  What we found during our inspection  8

Appendix 1 – Requirements and recommendations  15
Appendix 2 – About our inspections  16
1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 24 May 2019

Recommendation
The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken
A participation policy had now been developed setting out various ways the service would seek patient feedback, such as aftercare testimonials and regular patient surveys. Feedback was reviewed by the practice manager and fed back to the team.

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

Action taken
A quality improvement plan had now been implemented to help measure the impact of change and demonstrate a culture of continuous improvement. This was discussed with staff at management and practice meetings and updated as required.

Recommendation
The service should formalise the meetings between the practice owner and practice manager by minuting these meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions. This will ensure better reliability and accountability.

Action taken
Formal meetings between the practice owners and practice manager had now been introduced. We saw recent minutes of these meetings with completed actions agreed and taken as appropriate.
2 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 Blackhills Clinic on Wednesday 25 August 2021. We spoke with five members of staff during the inspection. We received feedback from 13 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two dental inspectors and one Healthcare Improvement Scotland inspector shadowing.

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 Blackhills Clinic, the following grades have been applied to the key quality indicators inspected.

<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>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</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>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan was used to help continuously improve the care and treatment provided to patients.</td>
<td>✓ ✓ Good</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>
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<th>Summary findings</th>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out for all patients. 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>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Appropriate 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. However, not all administration staff had background checks completed.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Blackhills Clinic Ltd to take after our inspection

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

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)

Blackhills Clinic 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 Blackhills Clinic for their assistance during the inspection.
3 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 of the 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.

The service was delivered from modern, accessible premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the clinic was of a high 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 a washer disinfecter and three autoclaves used to clean and sterilise equipment. Service contracts were in place for this equipment. A separate staff member had been specifically trained and was responsible for all decontamination (cleaning) and sterilisation of dental instruments. Dental nurses also had been trained to carry out these processes. Staff had a full understanding of the service’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, and had been updated with COVID-19 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. Patients were contacted before their appointment to check they had no COVID-19 symptoms. Alcohol-based hand rub was available at the entrance and 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.

All patients that responded to our online patient survey were satisfied with the cleanliness of the service. Comments included:

- ‘The clinic and staff are presented extremely well and within this current pandemic I felt safe within the clinic and it was clear to see all staff make hygiene standards a top priority.’
- ‘The cleanliness of the surgery was the highest standard you could get.’

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. All selected scans were accessible and had been suitably reported. Specialist radiologist reports were available for all 3D dental scans. A dental microscope was used for endodontic (root treatment) procedures.

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). Two 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 carried out.

Effective 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.

■ No requirements.
■ No recommendations.

<table>
<thead>
<tr>
<th>Our findings</th>
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**Quality indicator 5.2 - Assessment and management of people experiencing care**

Comprehensive patient assessments were carried out for all patients. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.

The majority of patient referrals were received into the service by letter or through a secure web form on the service’s website.

The reception team contacted patients to offer appointments. Patients were emailed with information about the service, treatment costs and COVID-19 measures in place. An online medical history form was provided and all patients were asked to complete and return this to the service.

We reviewed five 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, were well reported and often carefully annotated by the clinician. A consultant radiologist assessed and reported on all 3D X-ray images.

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.

Staff regularly carried out a range of patient care record audits including clinical record keeping, radiography, periodontal (gum health) status 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

Appropriate 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. However, not all administration staff had background checks completed.

A staff recruitment and induction process was in place. We saw evidence that all clinical 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. Annual appraisals for employed and self-employed staff took place to discuss progress, with performance and development goals set for each staff member.

Staff were supported with their training and development. All staff could access an online portal that provided training modules in a full range of areas. This included dementia and disability awareness, safe handling of medications, public protection (safeguarding) and staff stress management.

What needs to improve
Part of a safe recruitment process is ensuring appropriate checks are carried out on all staff to ensure they are fit to work in an independent healthcare service. Recruitment procedures included background checks and health clearance certification for some staff, but not all. No system was in place to carry out background checks for non-clinical staff and update these checks at regular intervals (requirement 1).
Requirement 1 – Timescale: immediate

- The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.

- 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 visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan was used to help continuously improve the care and treatment provided to patients.

All dentists at the service were on the specialist General Dental Council register. This meant that the service could provide a wealth of specialist dentistry experience for its patients. Many of the dentists regularly taught in dental hospitals and lectured at various conferences and courses both in the UK and abroad.

A wide range of meetings were held with different staff groups to ensure good communication and sharing of information. The management team met every month. Practice meetings and dental nurse meetings were also held every month. Minutes were recorded for all formal meetings, with actions clearly detailed. These were circulated to all relevant staff. Clinicians met regularly with each other to discuss treatment planning and patient cases. There was an open-door policy with clinicians seeking advice from each other regularly. Staff knew who to contact if information was required or if an issue needed to be resolved.

The service normally held an annual symposium for dental clinicians who referred into the practice. Due to COVID-19, this had not taken place for 2 years. However, the service was hopeful that it could plan a symposium in the coming months. The annual symposium gave an opportunity for referrers to learn more about the service and the treatments it offered, as well as to hear from a range of reputable lecturers in specialist areas of dentistry including oral surgery, implants and periodontology (gum health).
A quality improvement plan was used to help demonstrate the service’s approach to continuous improvement. Patient feedback was sought in various different ways, such as aftercare testimonials and regular patient surveys. This feedback was regularly reviewed and we saw examples of it being used to make improvements to how the service was delivered.

All patients who responded to our online patient survey rated their overall experience of using the service as excellent. Comments included:

- ‘Highly trained staff who instil a lot of patient confidence. They take time to explain everything and discuss each step of the treatment. A lot of reassurance and positive attitude by staff.’
- ‘It is very clear that all the staff are valued and delivering the highest quality treatments is at the core of their ethos.’

- 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 7 – Workforce management and support

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<td><strong>1</strong> The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service (see page 12).</td>
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Timescale – immediate

*Regulation 9*

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

<table>
<thead>
<tr>
<th>Recommendations</th>
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<td>None</td>
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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.

### 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](mailto:his.ihcregulation@nhs.scot)