Announced Inspection Report: Independent Healthcare

Service: DentOutline, Edinburgh
Service Provider: DentOutline

27 May 2022
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
## Contents

1. **A summary of our inspection**  
   4

2. **What we found during our inspection**  
   7

Appendix 1 – Requirements and recommendations  
16

Appendix 2 – About our inspections  
19
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.

About our inspection

We carried out an announced inspection to DentOutline on Friday 27 May 2022. We spoke with a number of staff during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

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

What we found and inspection grades awarded

For Dentoutline, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated on-site. The majority of the criteria from the national dental combined practice inspection checklist were met. A system of regular recorded checks on medical emergency drugs should be implemented, a programme of regular audits should be introduced and an adverse events process should be developed. | ✓ Satisfactory |

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Leadership was good and staff worked well together as a team to support each other. Staff meetings were not formalised and actions were not documented. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement. | ✓ Satisfactory |

The following additional quality indicators were inspected against during this inspection:

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

| 5.2 - Assessment and management of people experiencing care | Patient care records contained information about treatment options, assessments and examinations and costs and written aftercare information was provided to patients. Patient care records must be consistently completed with all required information and easily accessible. A single electronic patient care record system should be considered. |  |
### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Appropriate processes were in place to safely recruit and induct new staff into their role. All staff were suitably trained for their job role and were actively keeping their skills up to date. |

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)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect Dentoutline to take after our inspection**

This inspection resulted in one requirement and seven 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Dentoutline, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Dentoutline for their assistance during the inspection.
2  What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients received a full explanation of their treatment before it took place. Patient verbal feedback was very positive. The service should introduce a structured process for using patient feedback to drive improvement.

The service collected feedback from patients in a variety of ways, including comments cards in reception, a request for feedback following treatment and a patient satisfaction survey carried out twice each year. The service was able to show that feedback was considered and, where appropriate, used to improve the service. The service was developing a new website which would allow video testimonials from patients to be uploaded.

The service’s complaints policy encouraged early communication if patients raised any queries or concerns. A clear, written complaints procedure was available in the reception area and on the service’s website. All staff we spoke with knew the process for dealing with a complaint. Clinical staff had carried out online training in dealing with complaints as part of their training and development. Non-clinical staff had received training about this from the practice manager.

What needs to improve

Staff told us they asked patients for feedback at the end of their treatment. Patients were also asked to complete an online review and sometimes for a testimonial. However, the service did not have a structured approach in place to demonstrate how patient feedback was gathered, evaluated and used to drive improvement.
A participation policy could help the service demonstrate how it uses patient feedback to improve and could include descriptions of how it would:

- use multiple methods of gathering feedback
- evaluate results
- implement changes to drive improvement, and
- measure the impact of improvements (recommendation a).

■ No requirements.

**Recommendation a**

■ 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.
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 and well-equipped environment. Re-usable dental instruments were decontaminated on-site. The majority of the criteria from the national dental combined practice inspection checklist were met. A system of regular recorded checks on medical emergency drugs should be implemented, a programme of regular audits should be introduced and an adverse events process should be developed.

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 the majority of the best practice criteria on this inspection were met.

The service was delivered from modern, purpose-built and accessible premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was of a high standard throughout. At the time of our inspection, all areas were clean, tidy and well organised. The service’s three clinical rooms were well designed and fully equipped for the procedures offered.

The service’s onsite decontamination room was well equipped with a washer disinfector and vacuum autoclaves used to clean and sterilise equipment.
Service contracts were in place for this equipment. Instruments could be safely and easily transported from treatment rooms to the decontamination room. Staff knew the service’s decontamination process and were able to show us how they safely processed instruments.

Infection prevention and control policies and procedures were in line with national best practice. Where appropriate, single use patient equipment was used to prevent the risk of cross-infection. Contracts were in place to ensure all clinical waste was disposed of safely. The service had significantly invested in improving ventilation during the COVID-19 pandemic. Alcohol-based hand rub was available at the entrance to the premises and the service was still requesting patients to wear masks as per the current dental standard operating procedure (SOP).

An x-ray machine for taking images was located in an appropriately designed room. This meant that radiological examinations could be carried out to aid treatment planning and treatment. A detailed and up-to-date radiation protection file was in place. Radiographic images were stored securely on an electronic software programme.

All staff carried out yearly training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

Adequate systems and processes were in place to make sure the care environment and equipment were safe. Appropriate legionella, fire safety and electrical safety checks were carried out and radiation safety risk assessments had been completed and were regularly updated.

**What needs to improve**

Staff did not regularly check the services emergency drugs and equipment. The service should introduce a formal system for checking and documenting stock and expiry dates (recommendation b).

We saw limited evidence of audits carried out to review the safe delivery and quality of the service. For example, audits could include:

- infection prevention and control
- the quality of radiographic x-ray images, and
- patient care records.

An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation c).
The service had no evidence or information on how it managed adverse events. An adverse events policy should be in place that sets out how the service would deal with an adverse event (recommendation d).

**Recommendation b**

- The service should develop and implement a regular documented stock-checking system for all emergency drugs and equipment, to ensure they are always within date and ready for use.

**Recommendation c**

- The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

**Recommendation d**

- The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events.

---

### Our findings

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Patient care records contained information about treatment options, assessments and examinations and costs and written aftercare information was provided to patients. Patient care records must be consistently completed with all required information and easily accessible. A single electronic patient care record system should be considered.

The service received the majority of new patients through self-referral email or on the telephone. The personal information received from new patients was entered into the practice management software system and the patient completed a paper medical history when they attended. Confirmation of patient appointments were emailed to the patient.

Paper-format consent documentation was given to the patient at the end of their assessment appointment, along with a treatment information leaflet that included:

- treatment options
- benefits
- risks
• costs of treatment, and
• consent for treatment.

The clinician and patients signed these leaflets. Written aftercare information was provided to the patient.

**What needs to improve**
The electronic patient care records we reviewed were not always fully completed or detailed enough. Details of discussions with patients about their treatment options, risks and benefits was not always recorded. Template forms were not used for examinations and radiographs. Template forms would help make sure that patient care records are fully completed for every patient appointment (requirement 1).

Patient care records were stored across various different software and paper systems. This made it difficult to navigate and locate information about patients’ ongoing care and treatment (recommendation e).

**Requirement 1 – Timescale: immediate**
- The provider must improve the standard of record keeping to ensure all patient care records contain appropriate detail about the patient’s assessments, treatments and aftercare advice.

**Recommendation e**
- The service should consider moving to a single patient care record system for storing patient information.
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 processes were in place to safely recruit and induct new staff into their role. All staff were suitably trained for their job role and were actively keeping their skills up to date.

The service checked professional registration status before staff started in their role. New employees were well supported by the team and an induction plan and checklist were in place for all new staff.

Staff understood their individual role and had been suitably trained for it. They were also clear on the responsibilities of other team members. They knew who to contact if they needed information or if an issue needed to be resolved. They appeared to be very motivated and expressed enjoyment of their job roles.

Appraisals were normally carried out yearly for all staff. Although the appraisals for 2022 were a few weeks overdue at the time of our inspections, they had been scheduled to take place soon. The line manager used an appraisal template to complete in partnership with their staff. The appraisals helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education.

- 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

Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Staff meetings were not formalised and actions were not documented. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

The team was very small but it was clear the service had an open and supportive culture with staff understanding their own and each other’s responsibilities. The practice manager was relatively new to the service and was very motivated and keen to support improvement of the service.

What needs to improve

While staff told us that weekly practice meetings took place, the service had no formal minutes, meeting agenda or action points documented. Recording the outcomes of meetings would help show how the service supported its staff, kept them informed and involved them in developing the service (recommendation f).

Patient feedback and service improvement were discussed informally. However, the service did not have a formal system in place to track responses to feedback and any improvements made. A formal quality improvement plan would help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

Recommendation f

- The service should formally record the minutes of practice meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions.
**Recommendation g**

- 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a 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 (see page 8).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19

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

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The provider must improve the standard of record keeping to ensure all patient care records contain appropriate detail about the patient’s assessments, treatments and aftercare advice (see page 12).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 4*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- **b** The service should develop and implement a regular documented stock-checking system for all emergency drugs and equipment, to ensure they are always within date and ready for use (see page 11).

  Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.11

- **c** The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 11).

  Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19

- **d** The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events (see page 11).

  Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19

- **e** The service should consider moving to a single electronic patient care record system for storing patient information (see page 12).

  Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendations

- **f** The service should formally record the minutes of practice meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions (see page 14).

  Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19
<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>g</strong> The service should develop and implement a quality improvement plan (see page 15).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my care. 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

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
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