Announced Focused Inspection Report: Independent Healthcare

Service: Queens Cross Dental, Aberdeen
Service Provider: Avsan QueensCross Limited

18 December 2020
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
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 three 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.

Avsan Queenscross Limited is a subsidiary of Bupa Dental Care and is the registered provider for Queens Cross Dental. 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 Avsan Queenscross Limited when referring to the provider. We carried out an announced inspection to Queens Cross Dental on Friday 18 December 2020. This was our first inspection to this service. We spoke with three 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Queens Cross Dental, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
<td>Care and treatment was delivered in a modern, spacious and well-designed environment. All reusable dental instruments were decontaminated in the service’s on-site local decontamination unit. The service met all criteria from the national dental combined practice inspection checklist used during this inspection.</td>
<td>✔ ✔ Good</td>
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</tbody>
</table>
Key quality indicators inspected (continued)

**Domain 9 – Quality improvement-focused leadership**

<table>
<thead>
<tr>
<th>Quality indicator</th>
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</tr>
</thead>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>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.</td>
<td>✅ Good</td>
</tr>
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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>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records covered all aspects of consultation, assessment and treatment. However, some information was not always being recorded in patient care records.</td>
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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>A comprehensive corporate staff governance framework was being followed. This ensured staff were recruited safely, and were managed and supported. Staff carry out annual infection prevention and control training every year.</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

**What action we expect Avsan QueensCross Limited to take after our inspection**

This inspection resulted in two recommendations (see Appendix 1).

An improvement action plan has been developed by Avsan Queenscross Limited 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 Queens Cross Dental 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**

Care and treatment was delivered in a modern, spacious and well-designed environment. All reusable dental instruments were decontaminated in the service’s on-site local decontamination unit. The service met all criteria from the national dental combined practice inspection checklist used during this inspection.

NHS dental services are inspected using the national Combined Practice Inspection 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 inspection checklist during this inspection. All essential and best practice criteria on this inspection were met.

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

The practice decontamination room was equipped with a washer disinfector and two non-vacuum autoclaves 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. Five of the six dental surgeries 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.

Newly purchased air filtration systems in the treatment areas helped to reduce the fallow (downtime) time needed between patients to allow air and water droplets to settle following aerosol generating procedures.

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**

As the service had not received a scheduled clinical waste uplift, we saw some excess bagged clinical waste being stored in the decontamination room. Only equipment or items directly related to the decontamination process should be present in this room. All other bagged clinical waste was stored appropriately awaiting uplift in the clinical waste store (recommendation a).

The service uses a non-vacuum autoclave to sterilise dental instruments. This means that instruments used for dental implants have to be sterilised for a second time before use. The service could consider purchasing a vacuum autoclave as this would produce sterile instruments that would not need a second sterilisation cycle, and would provide a more robust decontamination process. We will follow this up at a future inspection.
Recommendation a

- The service should ensure clinical waste is stored appropriately whilst awaiting uplift.

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**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 18 electronic patient care records. 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.

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. This included soft tissue examinations and written treatment plans (recommendation b).

- No requirements.

**Recommendation b**

- 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 annual infection prevention and control training every year.

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.

We saw that 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 plan 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 9.4 - Leadership of improvement and change

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 parent company.
The area manager visited the practice every 2 months, as part of a quality assurance visit. 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 parent company 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
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<tr>
<td><strong>a</strong> The service should ensure clinical waste is stored appropriately whilst awaiting uplift (see page 9).</td>
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Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

| **b** The service should ensure all the required information in patient care records is consistently recorded (see page 9). | |

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