Announced Focused Inspection Report: Independent Healthcare

Service: International Smiles, Burntisland
Service Provider: Natsmiles Limited

12 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
## Contents

1. A summary of our inspection  
   - 4

2. What we found during our inspection  
   - 6

Appendix 1 – Requirements and recommendations  
   - 13
Appendix 2 – About our inspections  
   - 15
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 International Smiles on Friday 12 March 2021. 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 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 International Smiles, the following grades have been applied to the key quality indicators.

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

<table>
<thead>
<tr>
<th><strong>Domain 9 – Quality improvement-focused leadership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9.4 - Leadership of improvement and change</strong></td>
</tr>
</tbody>
</table>
meetings were held and staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.

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

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Domain 7 – Workforce management and support</strong></th>
</tr>
</thead>
<tbody>
<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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Natsmiles Limited to take after our inspection**

This inspection resulted in five recommendations. See Appendix 1 for a full list of the 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)

We would like to thank all staff at International Smiles 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, well-designed and well organised environment. All reusable dental instruments were decontaminated in the service’s on-site 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 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 inspection checklist during this inspection. All essential and best practice criteria on this inspection were met.

The service was delivered from modern, purpose-fit premises. The fabric and finish of the practice was to an excellent standard. We found that all areas were clean, tidy and well organised. All treatment rooms and the service's X-ray room were suitable for purpose.

The service’s on-site decontamination unit had two interconnected rooms. This helped the flow of dental instruments from 'dirty' to 'clean' areas. The unit was
equipped with a washer disinfector and one non-vacuum autoclave (used to clean and sterilise equipment).

Intraoral radiological examinations (X-rays inside the mouth) could be carried out by a single X-ray machine in the dedicated X-ray room. This room was fit for purpose with suitable radiation shielding and signage. The practice had a referral system where patients needing whole mouth radiographs or 3D images could attend another dental practice.

The service had developed COVID-19 specific policies and procedures. At the time of our inspection, the service was limiting access to the premises to patients with pre-booked appointments and was screening patients using specific COVID-19 questions. The service had resumed treating patients and was offering a full list of treatments with staff wearing enhanced personal protective equipment (including gloves, face masks and visors). The service had recently installed a new air extraction system into all of the clinical areas. This vented to an outside external area and reduced the fallow (down time) time required after procedures which generated dental aerosols (air and water droplets). Patients were being met at the door of the premises and asked to wear a face mask until they were seated in the dental chair. The patient waiting area had been expanded to include an additional room to ensure social distancing could be observed. Alcohol-based hand rubs were freely available throughout the premises and patients were encouraged to use them.

The practice manager (dental nurse) carried out infection prevention and control checks every day with any immediate corrective actions taken as needed. With the additional requirements to meet the COVID-19 guidance, the service had introduced a formal infection prevention and control audit programme. Audits would be carried out every 6 months now that the service had reopened. The service's infection prevention and control policy was formally reviewed every year.

**What needs to improve**

All dental practices in Scotland must complete NHS Education for Scotland (NES) infection prevention and control and decontamination training every 3 years. The service had carried out on-site decontamination training when its local decontamination unit was initially set up. Since then, all training had been externally delivered out of the practice. We noted that NES was not currently providing this training due to the COVID-19 pandemic (recommendation a).

We saw recycling waste being stored in the on-site decontamination room. Only equipment or items directly related to the decontamination process should be present in this room (recommendation b).
The service’s infection prevention and control policy should include the process for decontaminating dental implant instruments. We will follow this up at a future inspection.

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.

- No requirements.

**Recommendation a**

- The service should undertake on-site training in the use of its decontamination facilities with training provided by NHS Education for Scotland (NES) or from a training provider that is to a similar standard.

**Recommendation b**

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

**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, written treatment plans should be provided to all patients.

We reviewed 12 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.

Staff used individual templates to ensure all relevant domains in the patient care records were completed.

We were told that patient care records were audited every year. This involved reviewing notes for 10 random patient appointments and assessing completion of information such as medical history, soft tissue assessment and patient dental hygiene habits.
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**
From reviewing the patient care records, we noted that a small number of patients had not received a written treatment plan and estimate of treatment costs (recommendation c).

- No requirements.

**Recommendation c**
- The service should ensure that all patients receive a written treatment plan and estimate of treatment costs as part of the consent to treatment process.

---

**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**

Safe recruitment and induction systems were in place. A more formal appraisal system should be introduced.

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. We saw an effective recruitment and induction system was in place. This included relevant background and health clearance checks, including Protecting Vulnerable Groups (PVG) checks.

We saw that roles and responsibilities for staff and clinicians were clearly described in the radiation protection documentation.

The service supported staff with dedicated time for training and education, and provided in-house training and education when required. Up-to-date records of staff training and education were kept. Staff had recently completed team-based training in how to manage medical emergencies in the practice, in line with Resuscitation Council medical emergencies guidance.
What needs to improve
A staff appraisal system was in place, with regular one-to-ones between the lead clinician and staff. However, this was mainly an informal process and currently did not include regular review of personal development plans. This would help staff to identify future training needs to maintain the skills and knowledge required for their role (recommendation d).

■ No requirements.

Recommendation d
■ The service should formalise its staff appraisal process to make sure staff’s performance is documented and evaluated, and includes regular review of personal development plans.
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 open, visible and approachable with the practice owner (lead clinician) and practice manager (dental nurse) present and available. Regular staff meetings were held and staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.

The service is provided by a small team of staff, who spoke positively of the approachability and supportiveness of the lead clinician and practice manager. It was clear that the service was aiming to provide a high quality service for their patients. Staff told us that they were encouraged to offer suggestions on what improvements could be made to the quality of care provided.

We saw that the service had regular, formally minuted staff meetings. These included discussion and reflections on any lessons to be learned from patient feedback, audit outcomes, complaints or any incidents or events that had occurred.

The lead clinician is a member of the Royal College of Surgeons of Edinburgh and was a past director and chairman of the Dental Laboratories Association UK. They are involved in postgraduate education, both in teaching and in developing the Scottish Qualifications Authority (SQA) qualifications for Dental Technology.

The service ensures staff keep their knowledge and skills current by undertaking regular training and education, and through subscriptions to multiple dental and industry journals. The services also receives updates to changes in best practice and guidance through the Scottish Clinical Dental Effectiveness Programme.
What needs to improve
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 e).

■ No requirements.

Recommendation e
■ 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 5 – Delivery of safe, effective, compassionate and person-centred care

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

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.17</td>
</tr>
</tbody>
</table>
### Domain 7 – Workforce management and support

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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>d</strong> The service should formalise its staff appraisal process to make sure staff’s performance is documented and evaluated, and includes regular review of personal development plans (see page 10).</td>
<td></td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

### Domain 9 – Quality improvement-focused leadership

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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e</strong> The service should develop and implement a quality improvement plan (see page 12).</td>
<td></td>
</tr>
</tbody>
</table>

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

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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org