Announced Focused Inspection Report: Independent Healthcare

**Service:** New Life Teeth, Edinburgh

**Service Provider:** New Life Dental Limited

20 November 2020 and 25 February 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

© Healthcare Improvement Scotland 2021

First published April 2021

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
## Contents

1. A summary of our inspection  

2. What we found during our inspection  

Appendix 1 – Requirements and recommendations  
Appendix 2 – About our inspections
1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centered, 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 New Life Teeth on Friday 20 November 2020. This was our first inspection to this service. However, we returned to carry out a further announced inspection to the service on Thursday 25 February 2021 as we had identified some immediate concerns to follow up.

The inspection team for the first inspection on Friday 20 November 2020 was made up of two dental inspectors. The inspection team for the follow-up inspection on Thursday 25 February 2021 was made up of one dental inspector. We spoke with five members of staff during the two inspections.

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 New Life Teeth, 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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Care and treatment was delivered in a modern purpose-fit environment. Re-usable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service had worked hard to address a significant number of the issues we had identified during our first inspection.</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>
Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.4 - Leadership of improvement and change</td>
<td>Organisational and accountability arrangements need to be improved. Regular reviews of the quality of treatment provided should be carried out and a quality improvement plan developed.</td>
<td>Satisfactory</td>
</tr>
</tbody>
</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>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were comprehensive and covered all aspects of consultation, assessment and treatment.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 7 – Workforce management and support</th>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A system must be introduced to ensure Disclosure Scotland backgrounds checks and Protecting Vulnerable Groups (PVG) scheme updates are received for staff. Regular performance reviews and appraisals must be introduced for all staff. The service’s induction checklist should include all current health clearance checks staff undergo before they start working in the clinical environment.</td>
<td></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 New Life Dental Limited to take after our inspection

This inspection resulted in four requirements and three recommendations. The 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

New Life Dental Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at New Life Teeth 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 purpose-fit environment. Re-usable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service had worked hard to address a significant number of the issues we had identified during our first inspection.

The current practice manager commenced their role in February 2020, and they were responsible for ensuring the practice complied with relevant national guidance. However, this role was temporarily furloughed in March 2020 due to the COVID-19 pandemic. When they returned to work at the end of June 2020, their role was predominantly focused on developing and introducing systems to ensure staff and patients were safe from any risk of transmission of COVID-19.

The service was delivered from modern, purpose-fit premises. The fabric and finish of the clinic was to a high 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 had an on-site decontamination room with separate entry and exit doors. This helped with the flow of dental instruments from ‘dirty’ to ‘clean’ areas. The room was equipped with a washer disinfector, two vacuum autoclaves (used to clean and sterilise equipment) and a back-up ultrasonic cleaner.

A range of radiological examinations, including 3D X-ray images, could be carried out to aid treatment planning and treatment. Intraoral radiographs (X-rays inside the mouth) could be taken using a hand-held X-ray machine that
could be used in any of the treatment rooms. The X-ray machine that took 3D images was available in a separate, dedicated room.

The service had developed COVID-19 specific policies and procedures. Access to the premises was limited to patients with pre-booked appointments only. The service was screening patients before their appointment, and again when they arrived at the premises, using specific COVID-19 questions. Staff were wearing enhanced personal protective equipment (including gloves, face masks and visors). The service had bought portable air purifiers to reduce fallow (downtime) time for 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. Alcohol-based hand rubs were freely available throughout the premises and patients were encouraged to use them. Due to COVID-19 precautions, patient information leaflets were not being provided to patients at this time. Information was available on the service's website.

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.

At the first inspection on 20 November 2020, we found a significant number of essential and best practice criteria had not been met. In particular, we found a lot of documentation was not in place, such as key policies and procedures. Due to the volume of criteria that were not met, we carried out a second inspection on 25 February 2021 to follow up on progress with the required actions. We found that the service had addressed the majority of these issues by the time of the second inspection. We also noted that some key administrative and governance tasks had been delegated to other staff members, for example ensuring the practice complied with required radiation protection guidance and best practice. The following improvements and changes had been made to the service.

- Equipment needed to manage a medical emergency had been replaced and was now in line with the requirements of the combined practice checklist.
- The practice information leaflet had been updated to include information such as the qualifications of clinical staff and the service’s opening times.
• Evidence was provided to show that the service, and one of the practitioners, was registered with the Information Commissioner’s Office and were complying with all the general data protection regulation requirements.

• Legionnaires’ disease is a lung infection that can be caught by inhaling small droplets of water suspended in the air that contain the bacteria. Evidence was provided of the process for testing the dental waterlines for legionella.

• Evidence was provided of the arrangements for the disposal of special waste.

• Evidence was provided to show that pressure vessel insurance was in place to cover the sterilisers and dental compressors.

• The radiation protection folder had been completed and now contained information including a full inventory of radiological equipment used in the service and the quality assurance system for radiation equipment to ensure compliance with statutory regulations.

• Evidence was provided of the servicing of the service’s ultrasonic cleaner.

• All dental practices in Scotland must complete NHS Education for Scotland (NES) infection prevention and control and decontamination training every 3 years. Evidence was provided that staff had carried out online training in infection prevention and control from an external dental training provider. This training included demonstration of the decontamination cycle and an action plan for the service was provided by the dental training provider. We were satisfied that this training was broadly in line with that provided by NES.

• Evidence was provided of a staff support protocol detailing how staff can access support services, such as occupational health.

• An additional scaler unit (used to clean teeth) had been purchased and the service told us it now had enough scaler barrels and hand pieces and these were being decontaminated appropriately after each patient use.

• A pulse oximeter/blood pressure monitor machine must be serviced every year to ensure accurate readings. Following the second inspection, we saw evidence that the machine had since been serviced by NHS Lothian.

• The sedationist was able to provide evidence of a significant event analysis that had helped to improve the sedation service provided.

• A written log of all sedation cases had now been introduced.

• Evidence of the sedationist’s immediate life support training carried out in February 2021 was provided.
The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). The sedationist had completed appropriate life support training and had been suitably trained in intravenous (IV) conscious sedation techniques.

During the inspection, we saw evidence of audits of the quality of radiographic (X-ray) images being carried out.

**What needs to improve**

The service did not have a policy for obtaining patient consent (requirement 1).

All of the service’s practitioners must be registered with the Information Commissioner’s Office to show they are complying with the general data protection regulation requirements (requirement 1).

The service had not provided a legionella risk management policy and procedure on the premise’s general water supply (requirement 1).

One member of staff had started to carry out online decontamination training, specifically focusing on infection prevention and control audits, including hand washing and dental instrument audits. We were told the service intended to implement an audit programme specifically looking at these areas every 3 months. However, this audit programme should be extended to also cover other areas such as patient care records (recommendation a).

**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:
  - patient consent (timescale: 20 May 2021)
  - data protection regulations (timescale: 20 May 2021), and
  - legionella and water supplies (timescale: 20 May 2021).

**Recommendation a**

- The service should continue to develop a programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were comprehensive and covered all aspects of consultation, assessment and treatment.

During the first inspection, we reviewed 15 electronic patient care records, and three patient care records for patients who had received sedation. We found the records were fully completed and 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.

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

- 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

A system must be introduced to ensure Disclosure Scotland backgrounds checks and Protecting Vulnerable Groups (PVG) scheme updates are received for staff. Regular performance reviews and appraisals must be introduced for all staff. The service’s induction checklist should include all current health clearance checks staff undergo before they start working in the clinical environment.

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. At the second inspection, the service was able to provide evidence to show that relevant staff had received all the necessary health clearance checks required before they carried out patient-facing roles. All staff were members of the Protecting Vulnerable Groups (PVG) scheme through other places of business.
What needs to improve
We were told the service was not currently registered with Disclosure Scotland. As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, it provides a point in time check of an individual’s criminal convictions history. Receiving regular scheme updates ensures that staff remain safe to work in the service (requirement 2).

At the first inspection, we were told a formal appraisal system for staff was being established. However, we found that no formal appraisals had taken place when we returned for the second inspection. We were told that staff in another practice within the provider’s group of services had been prioritised and, as a result, appraisals for staff in this service had not yet commenced. We were also told the service did not ask staff to produce personal development plans as part of their current appraisal system. These would allow both the service and staff to document and review competencies, and identify future training needs to maintain the skills and knowledge required for their role (requirement 3).

Although the service had a recruitment policy and staff had the necessary health clearance and immunisation certification, the induction checklist should be updated to show all the health clearance checks that are carried out (recommendation b).

Requirement 2 – Timescale: by 15 July 2021
■ The provider must implement a system to ensure the appropriate level of Disclosure Scotland backgrounds checks are undertaken and Protecting Vulnerable Groups (PVG) scheme updates are received at regular intervals to ensure prospective employees are not included on the adults’ list in the Protecting Vulnerable Groups (PVG) (Scotland) Act 2007.

Requirement 3 – Timescale: by 15 July 2021
■ The provider must ensure that staff receive regular individual performance reviews and appraisals to make sure their performance is documented and evaluated.

Recommendation b
■ The service should update its induction checklist to ensure evidence is provided of all the current health clearance checks that staff undergo before they start working in the service.
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

Organisational and accountability arrangements need to be improved. Regular reviews of the quality of treatment provided should be carried out and a quality improvement plan developed.

Staff spoke positively about the working environment and said that the management were approachable and open to suggestions. The clinical side of the service functioned well and the clinical teams seemed to work well together. All staff said they would be happy for their family to be treated by the service.

At the first inspection, we saw minutes including action points from formal staff meetings which were held every month, and had continued to be held during the pandemic. These meetings included discussion and reflections on any lessons to be learned from patient feedback, or any complaints received.

We were told that the regular clinician meetings had been suspended during the pandemic, but these were soon to be resumed, at the regular 3-monthly intervals.

Infection prevention and control practices were reviewed at the nurses meetings held every 2 weeks, with any changes in practice implemented where needed.

What needs to improve

Clear organisational structure was lacking at the practice. For example, we found the service had been unprepared for the first announced inspection in November 2020. By the time of the second inspection, we noted some improvements in how the practice was being run, such as with the organisation
of documentation and clarification of staff roles and responsibilities (requirement 4).

Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help 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 c).

**Requirement 4 – Timescale: immediate**
- The provider must continue to review its organisational and accountability arrangements to help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.

**Recommendation c**
- 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.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
</tbody>
</table>
| 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:
  - patient consent (timescale: 20 May 2021)
  - data protection regulations (timescale: 20 May 2021), and
  - legionella and water supplies (timescale: 20 May 2021) (see page 10).

  *Regulation 2*
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th><strong>Recommendation</strong></th>
</tr>
</thead>
</table>
| a The service should continue to develop a programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented (see page 10).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
## Domain 7 – Workforce management and support

### Requirements

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2</strong></td>
<td>The provider must implement a system to ensure the appropriate level of Disclosure Scotland backgrounds checks are undertaken and Protecting Vulnerable Groups (PVG) scheme updates are received at regular intervals to ensure prospective employees are not included on the adults’ list in the Protecting Vulnerable Groups (PVG) (Scotland) Act 2007 (see page 12).</td>
</tr>
<tr>
<td></td>
<td>Timescale – by 15 July 2021</td>
</tr>
</tbody>
</table>
|   | *Regulation 9(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **3** | The provider must ensure that staff receive regular individual performance reviews and appraisals to make sure their performance is documented and evaluated (see page 12). |
|   | Timescale – by 15 July 2021 |
|   | *Regulation 12(c)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

### Recommendation

| **b** | The service should update its induction checklist to ensure evidence is provided of all the current health clearance checks that staff undergo before they start working in the service (see page 12). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 |
### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong> The provider must continue to review its organisational and accountability arrangements to help staff to drive forward the ongoing delivery of high quality, safe, person-centred care (see page 14).</td>
</tr>
</tbody>
</table>

Timescale – immediate

*Regulation 2*

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

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>c</strong> The service should develop and implement a quality improvement plan (see page 14).</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](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