Announced Inspection Report: Independent Healthcare

Service: Dental Shetland, Shetland
Service Provider: D4 Dentistry Limited

28 June 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

© Healthcare Improvement Scotland 2022

First published August 2022

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
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 Dental Shetland on Tuesday 28 June 2022. We spoke with a number of staff during the inspection. We received feedback from three patients through 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 three 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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Dental Shetland, 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>A consultation process gave patients the opportunity for a full explanation of their treatment before any dental work took place. Patient feedback was very positive. However, a more structured process for using patient feedback to improve the service should be introduced. Clear procedures were in place for managing complaints and responding to duty of candour incidents.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

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

<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>Patient care and treatment was delivered in a safe, clean and well-equipped environment. Only one of the three treatment rooms was currently in use and re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection checklist were met. A legionella risk assessment must be carried out, and a servicing and revalidation testing contract must be put in place for the new autoclave used for cleaning and sterilising equipment. A radiation safety assessment must also be carried out for the intra-oral X-ray machine currently in use. A process for reporting accidents, incidents and adverse events should be developed.</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>

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

| 9.4 - Leadership of improvement and change | Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Systems should be in place to continually review the quality of the service to help demonstrate a culture of continuous improvement.                                                                 | ✓ Satisfactory |
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>
</tr>
</thead>
<tbody>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 7 – Workforce management and support</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)

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 D4 Dentistry Limited to take after our inspection**

This inspection resulted in four requirements and three 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 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

D4 Dentistry 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 Dental Shetland 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**

A consultation process gave patients the opportunity for a full explanation of their treatment before any dental work took place. Patient feedback was very positive. However, a more structured process for using patient feedback to improve the service should be introduced. Clear procedures were in place for managing complaints and responding to duty of candour incidents.

The service’s patient participation policy detailed how patient feedback would be gathered to help the service focus on continually improving. Feedback from patients was collected in a variety of ways, including questionnaires, feedback forms, emails and verbal feedback. Staff discussed the patient experience at practice meetings and were encouraged to share both positive and less positive opinions from patients. The service was able to show that feedback was considered and, where appropriate, used to improve the service.

Patient information leaflets and posters were available in the reception area highlighting key information.

The service’s complaints policy encouraged early communication if patients raised any queries or concerns. A clear, written complaints procedure and flow diagram showing how a complaint could be made was available in the reception area. Patients could also request a full copy of the procedure. These documents also highlighted that patients had the right to complain to Healthcare Improvement Scotland at any time.

The service’s duty of candour policy described what steps it would take to meet its responsibilities for being honest with patients if something went wrong with their treatment or care. Staff had received training in duty of candour principles.
Patients were involved in the planning of their treatment, with costs discussed as part of the consultation and assessment process. Consent to treatment was recorded in patient care records and patients were given enough time and support before consenting to treatment. All patients that responded to our online survey felt involved in decisions about their care and treatment and felt they had been given sufficient time to reflect on their options before giving consent. Comments included:

- ‘[…], gives a great explanation about what’s needed and it feels like you are discussing matters with an old friend.’
- ‘Great discussion and explanation using X-ray... You really do feel very involved in the process.’
- ‘Very involved in decisions.’

**What needs to improve**

Although patient feedback was collected, the service did not have a structured approach to evaluating feedback and demonstrating how it was used to make improvements. The patient participation policy should continue to be developed to help the service demonstrate:

- the multiple methods of gathering feedback
- how results will be evaluated and used to make changes and improvements, where possible, and
- how the impact of improvements will be measured (recommendation a).

■ No requirements.

**Recommendation a**

■ The service should develop its patient participation policy to direct the way it engages with its patients and demonstrate how it uses their feedback to make improvements.
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. Only one of the three treatment rooms was currently in use and re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection checklist were met. A legionella risk assessment must be carried out, and a servicing and revalidation testing contract must be put in place for the new autoclave used for cleaning and sterilising equipment. A radiation safety assessment must also be carried out for the intra-oral X-ray machine currently in use. A process for reporting accidents, incidents and adverse events 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 used 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 spacious and accessible premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was satisfactory. At the time of our inspection, all areas were clean, tidy and well organised. The service’s one functioning treatment room was well designed and fully equipped for the procedures offered.
The on-site decontamination room was well equipped with a washer disinfector and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment room and decontamination room. Staff knew the service’s decontamination process and were able to show us how they safely processed dental 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. Alcohol-based hand rub was available at the entrance to the premises and patients were still being asked to wear face masks until they were seated in the dental chair.

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

All staff carried out training in the management of medical emergencies every year. 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, and appropriate fire safety and electrical safety checks were carried out. We noted the frequency of audits had increased in recent months, helping to ensure a good standard of care and treatment was being provided.

Patients that responded to our online survey said they were satisfied with the facilities and equipment in the environment where they were treated. Comments included:

- ‘The practice is always clean.’
- ‘The facilities are second to none and so clean.’

**What needs to improve**

Legionnaires' disease is a lung infection that can be caught by inhaling small droplets of water suspended in the air which contain the bacteria. Although we saw evidence that weekly water testing was being carried out, an appropriate legionella risk assessment had not been carried out and a suitable water safety management plan had not been implemented (requirement 1).
On the day of the inspection, we noted the service’s two autoclaves in the decontamination room were significantly overdue their annual service and revalidation testing to make sure they were fit for use. We requested that the provider immediately arrange for its autoclaves to be serviced and revalidated, or alternatively to arrange the loan of an autoclave or purchase a new one. Following the inspection, the provider confirmed it had purchased a new autoclave that had recently been fully serviced and validated and had arranged for the immediate loan of an autoclave until the newly purchased one arrived. A service contract must be in place for all autoclaves to ensure they are fit for use at all times. This is particularly important given the island location of the service, where it can be more difficult to arrange servicing and validation at short notice (requirement 2).

Radiation safety assessments for the three intra-oral X-ray machines (used for taking X-rays inside the mouth) had expired on the week of our inspection. At the time of our inspection, only treatment room 1 was in use. Therefore, the X-ray machine in this room must have a radiation safety assessment undertaken immediately. While treatment rooms 2 and 3 remain out of use, the intra-oral X-ray machines in each of these rooms must be removed from use. The provider must contact Healthcare Improvement Scotland if the other treatment rooms are intended to be brought back into use. Radiation safety assessments must be carried out on each intra-oral X-ray machine before any treatments are carried out in these rooms (requirement 3).

While procedures for managing incidents were covered in various different policies, none of them described how the service would meet its responsibilities to report certain events to the relevant professional body (recommendation b).

**Requirement 1 – Timescale: 6 September 2022**

- The provider must arrange for a specialist water management company to undertake an appropriate legionella risk assessment. Any required actions must be added to an ongoing water safety management plan in order to manage any legionella risks.

**Requirement 2 – Timescale: by 30 September 2022**

- The provider must provide evidence of an annual servicing and revalidation testing contract for the autoclave.
Requirement 3 – Timescale: immediate

- The provider must:
  a) arrange for a radiation safety assessment to be carried out on the intra-oral X-ray machine in treatment room 1 and implement any actions identified from the assessment report
  b) ensure the intra-oral X-ray machines in treatment rooms 2 and 3 are removed from use, and
  c) carry out a radiation safety assessment on each intra-oral X-ray machine and inform Healthcare Improvement Scotland before bringing the other treatment rooms back into use.

Recommendation b

- The service should ensure that its procedures for reporting certain incidents, accidents and adverse events are covered in relevant policies.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained information about treatment options, examinations and costs. Patients were provided with written aftercare information.

The service received the majority of new patients through self-referrals. Both electronic and paper record systems were in place to record patient information. Patients were given written aftercare information, either in a leaflet or email.

The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). Notes were handwritten and then typed into the patient’s electronic care record. This provided a back-up system as there were always duplicate paper and electronic patient care records.

The patient care records we reviewed showed that sufficient information had been given to patients about their treatment options, examinations and costs. Patient reviews and reassessments were also carried out regularly and recorded in patient care records. We found record keeping to be of a reasonable standard and records were stored securely in locked filing cabinets.
What needs to improve
While the standard of patient care records we reviewed was acceptable, not all of the records contained the same level of detail about patient examinations and radiographs. We discussed the use of a standardised template to help make sure that information is recorded consistently. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Appropriate 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. Dental nurses must have appropriate insurance in place.

The service carried out appropriate checks before staff started in their role. This included checking their professional registration status, background checks with Disclosure Scotland and health clearance status. New employees were well supported by the team, and an induction plan and checklist were in place for all new staff.

Staff kept up to date with changes in legislation and best practice through online training courses and continuous professional development. Staff we spoke with were very motivated and willing to take on additional responsibilities. They understood their individual role and had been suitably trained for it. They were clear on the responsibilities of other team members and knew who to contact if they needed information or if an issue needed to be resolved.

Appraisals were carried out every year for all staff. These helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education.
Patients that responded to our online survey had confidence in staff knowledge and skills. Comments included:

- ‘Great professional team who work as a team.’
- ‘[…] always excellent and work very harmoniously together. The reception staff are excellent.’

**What needs to improve**

We did not see any evidence of appropriate insurance cover for the dental nurses employed. Dental nurses must either have their own insurance in place or be insured through the principal dentist’s insurance policy. Insurance policies for all staff must then be checked every year to make sure they remain current (requirement 4).

**Requirement 4 – Timescale: immediate**

- The provider must ensure that each dental nurse is appropriately insured to work in the service at all times.

- 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. Systems should be in place to continually review the quality of the service to help demonstrate a culture of continuous improvement.

The team was small but it was clear the service had a supportive culture with staff understanding their own and each other’s responsibilities. We saw recent minutes of staff meetings that had taken place over the past few months and saw clear action points had been recorded. We noted that the frequency of staff meetings had increased in recent months. Staff meetings are vital for good communication and to help ensure a good standard of care and treatment is provided.

The service kept in touch with staff with routine information and updates through a group messaging app.

What needs to improve

We saw no evidence of a formal system of quality assurance in place for reviewing the overall quality of the service to make sure care and treatment was being delivered in line with the service’s policies and procedures. For example, regularly reviewing:

- audit results
- complaints
- incidents
- patient feedback, and
- staff surveys.
A formal quality improvement plan would help the service identify challenges within the service and plan changes that are needed to achieve improvement (recommendation c).

- No requirements.

**Recommendation c**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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>1 The service should develop its patient participation policy to direct the way it engages with its patients and demonstrate how it uses their feedback to make improvements (see page 9).</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 4.8

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

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The provider must arrange for a specialist water management company to undertake an appropriate legionella risk assessment. Any required actions must be added to an ongoing water safety management plan in order to manage any legionella risks (see page 12).</td>
</tr>
</tbody>
</table>

Timescale – by 6 September 2022

*Regulation 3(d)(i)*

*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)

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| 2 | The provider must provide evidence of an annual servicing and revalidation testing contract for the autoclave (see page 12).  
Timescale – by 30 September 2022  
*Regulation 3(d)(ii)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| 3 | The provider must:  
a) arrange for a radiation safety assessment to be carried out on the intra-oral X-ray machine in treatment room 1 and implement any actions identified from the assessment report  
b) ensure the intra-oral X-ray machines in treatment rooms 2 and 3 are removed from use, and  
c) carry out a radiation safety assessment on each intra-oral X-ray machine and inform Healthcare Improvement Scotland before bringing the other treatment rooms back into use (see page 13).  
Timescale – immediate  
*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

### Recommendation

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Details</th>
</tr>
</thead>
</table>
| b | The service should ensure that its procedures for reporting certain incidents, accidents and adverse events are covered in relevant policies (see page 13).  
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

**Requirement**

4. The provider must ensure that each dental nurse is appropriately insured to work in the service at all times (see page 15).

Timescale – immediate

*Regulation 8(1)*

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

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

### Domain 9 – Quality improvement-focused leadership

**Requirements**

None

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).</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