Announced Inspection Report: Independent Healthcare

Service: Visage Cosmetic Dental Clinic, Glasgow
Service Provider: Avsan Visage Ltd

3 August 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
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 Visage Cosmetic Dental Clinic on Wednesday 3 August 2022. We spoke with a number of staff during the inspection and received feedback from six patients through an online survey we had asked the service to issue for us before the inspection.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Visage Cosmetic Dental Clinic, 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>Domain 2 – Impact on people experiencing care, carers and families</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>Key information was available for patients on the service’s website and in information leaflets. All patients received a consultation prior to treatment. Patients were given enough information to help them make an informed choice. The service encouraged patients to provide feedback in a variety of ways and this information was used to improve the service. The complaints procedure</td>
<td>✔️ Good</td>
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should be clarified and a protocol for practice closure should be developed.

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |
|-----------------------------|-----------------------------------------------------------------|
| 5.1 - Safe delivery of care  | Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection checklist were met. Proactive systems were in place to make sure care was delivered safely. The service should carry out sedation-related audits. | ✔ Satisfactory |

| Domain 9 – Quality improvement-focused leadership |
|-----------------------------|------------------------------------------------|
| 9.4 - Leadership of improvement and change | The service was part of a large national organisation with a clinical governance department at head office. Good meeting structures were in place for information sharing. Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Quality improvement was central to the way the service operated. | ✔ ✔ Good |

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 |
|-----------------------------|-----------------------------------------------------------------|
| 5.2 - Assessment and management of people experiencing care | Patients were involved in planning their treatment and a treatment coordinator followed them through their treatment journey. Patient care records contained a good standard of information and patients were given appropriate aftercare information. |
### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Processes were in place to safely recruit and induct new staff. All staff were suitably trained for their job role and actively kept their skills up to date. Recruitment procedures should be standardised to make sure appropriate immunisation information is obtained before employing new staff. |

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 Avsan Visage Ltd to take after our inspection

This inspection resulted in two requirements and four 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Avsan Visage Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Visage Cosmetic Dental Clinic 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

Key information was available for patients on the service’s website and in information leaflets. All patients received a consultation prior to treatment. Patients were given enough information to help them make an informed choice. The service encouraged patients to provide feedback in a variety of ways and this information was used to improve the service. The complaints procedure should be clarified and a protocol for practice closure should be developed.

Good patient information was displayed in reception, along with a poster of staff photographs with names and job titles. Patients were given a full explanation of their treatment before it took place. More general information was provided on the service’s website and in leaflets available in the service. All patients who responded to our survey said they had received adequate information. Comments included:

- ‘Everything was explained in a lovely manner and time taken at the end to advise on ongoing aftercare which was appreciated.’
- ‘Got fitted for teeth whitening trays. Told exactly what to do and what to expect and how long it would take to see results.’

Patients were encouraged to provide verbal feedback at any time during their treatment and had opportunities to ask questions at their treatment plan discussions. A feedback form was available on the service’s website and patients were also asked to provide feedback online, including some testimonials. An external online provider gathered formalised patient feedback through a questionnaire that patients were asked to complete after each visit. Staff could access these results in real time. The practice manager reviewed comments regularly and shared patient feedback on the staff noticeboard. Any negative
feedback was automatically treated as a complaint, then recorded and investigated as such.

A duty of candour procedure described how the provider would meet its responsibility to be honest with patient if things went wrong. Staff had been trained in duty of candour principles.

The service’s complaints procedure was displayed on a poster in the reception area and stated that patients could contact Healthcare Improvement Scotland at any time. The provider’s governance team oversaw a centralised electronic system used to record and monitor complaints. Complaints were regularly monitored and analysed to identify any learning opportunities. We saw recent examples where learning had been demonstrated following complaint investigations. This information had been shared with staff through noticeboards and monthly staff meetings.

What needs to improve
The complaints procedure described a referral process to the Scottish Public Services Ombudsman (SPSO) for patients wishing to escalate their complaint. The SPSO only provides a complaints adjudication process for service users of public bodies, such as NHS Scotland. As the service only treats private patients, the SPSO does not perform any function in relation to it. The service’s complaints procedure should be updated to clarify the correct complaints process to patients (recommendation a).

The service had no protocol in place for informing patients what would happen if the practice closed or if their dentist no longer worked at the practice (recommendation b).

Part of a provider’s duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked. As the provider’s policy was organisation-wide, it was unclear what its arrangements were for producing and publishing yearly reports. The manager agreed to discuss this with BUPA head office.

- No requirements.

Recommendation a
- The service should amend its complaint policy and procedure, to make the correct procedure clear for patients.
**Recommendation b**

- The service should develop a protocol for informing patients what to do if the practice closes or their dentist will no longer be working at the practice.
Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection checklist were met. Proactive systems were in place to make sure care was delivered safely. The correct sensor size must be used for each patient and sedation-related emergency training must be provided for the sedation team. The service should carry out sedation-related audits.

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.

We used the same combined practice and sedation practice inspection checklists during this inspection. All essential and the majority of the best practice criteria on this inspection were met.

The service is provided by Avsan Visage Ltd, which is owned by BUPA Dental Care. This means that BUPA Dental Care directs the way Visage Cosmetic Dental Clinic is operated in corporate operating policies and procedures.

The service was delivered from spacious premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was good. At the time of our inspection, all areas were clean, tidy and
well organised. The service’s four treatment rooms were well designed and fully equipped for the procedures offered. All patients that responded to our survey said they were satisfied with the facilities, equipment and environment in which they were treated. Comments included:

- ‘Very clean.’
- ‘COVID 19 safety protocols were more than adequately followed.’
- ‘Facility was to a very high standard.’

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.

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.

The service had a dental laser which was being used and maintained appropriately. Staff had received appropriate training in its use.

The service had a proactive approach to making sure care was delivered in a safe environment that met people’s needs and minimised risk. Key risk assessments had been carried out, for example for legionella and radiation. Appropriate fire safety, gas safety and electrical safety checks were carried out. 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 dispose of clinical waste safely. Alcohol-based hand rub was available at the entrance to the premises and patients were asked to wear face masks until seated in the dental chair.

An audit programme was in place to monitor the implementation of key operating procedures and maintain a good standard of care and treatment. This included prescribing, hand hygiene, patient care records and radiographic audits.

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.
A comprehensive system was in place to record and manage accidents, incidents, ‘near-misses’ and complaints. The practice manager and regional compliance lead regularly monitored these. The regional compliance lead supported the practice manager to analyse trends and identify any issues to be addressed. We saw examples of staff sharing the learning from outcomes in the practice and with provider’s other practices.

**What needs to improve**

The service had only one size of intra-oral direct sensor, as well as different sizes of indirect sensors to take dental x-rays. However, it appeared that the one size direct sensor was being used the majority of the time and sometimes more than one x-ray taken with it. The indirect sensor system must be used, which provided different sizes of sensors. This meant some patients could be exposed to more radiation than necessary (requirement 1).

No sedation-related emergency training had taken place that involved the whole sedation team (requirement 2).

The service also had not carried out any quality improvement activity for sedation-related procedures (recommendation c).

One of the service’s treatment rooms was used as a store room for several pieces of equipment that the service no longer needed. The practice manager told us this equipment was awaiting collection. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must ensure the correct sensor size is used for each patient to achieve adequate image quality, minimise the number of x-rays taken and minimise patient’s exposure to radiation.

**Requirement 2 – Timescale: immediate**

- The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure this training is repeated at least annually thereafter.

**Recommendation c**

- The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were involved in planning their treatment and a treatment coordinator followed them through their treatment journey. Patient care records contained a good standard information and patients were given appropriate aftercare information.

Patients could self-refer or a referral could be made by their treating dentist. A treatment co-ordinator was the first point of contact for patients and followed them through their treatment journey, from making their initial appointment to discussing treatment plan options and costs. This meant patients were involved in planning 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. Other information in patient care records included:

- assessment
- treatment plan
- aftercare advice, and
- follow-up.

Patients received a printed copy of their treatment plan to take home. We found records were of a good standard with notes clearly written, signed and dated. They were held securely on an electronic database and the provider was registered as a data controller with the Information Commissioners Office.

Patients who received implant treatment were asked to call their dentist’s personal mobile number in the evening of their surgery. This allowed the dentist to check how the patient was feeling, discuss any concerns and provide any further aftercare advice if needed.
All patients that responded to our survey said they felt involved in decisions about their care and treatment and had been given enough time to reflect on treatment options before they consented to treatment. Comments included:

- ‘Throughout my treatment and appointments, I was asked along the way about how I felt about different aspects of the treatment plan’.
- ‘Hygienist explained everything and took time to check on me and ask if I was happy to continue/needed a break etc’.

- 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

Processes were in place to safely recruit and induct new staff. All staff were suitably trained for their job role and actively kept their skills up to date. Recruitment procedures should be standardised to make sure appropriate immunisation information is obtained before employing new staff.

A recruitment policy was in place and standard operating procedures set out how recruitment should be carried out. Checks were carried out before staff started in their role, including checking their professional registration status and background checks with Disclosure Scotland. An external recruitment company carried out all staff checks. Staff supported new employees and an induction plan and checklist were in place.

Staff understood their individual role and had been suitably trained for it. Staff were clear about the responsibilities of other team members and knew who to contact for information or to resolve an issue. They kept up to date with changes in legislation and best practice through online training courses and continuous professional development.

Staff disclosure status was checked every 3 years following recruitment, with professional indemnity and professional registration status checked yearly.
A noticeboard in the staff room in the basement reminded staff about key information, such as:

- accident and incident reporting
- health and safety, and
- training opportunities.

An external company carried out two separate staff satisfaction surveys - one for employed staff and one for self-employed. Results were regularly analysed and improvements made where possible. A suggestion box was also available for staff if they wanted to make anonymous comments. The practice manager reviewed suggestions and used them to improve the work environment for staff, where possible. We saw a recent example where staff uniform allowance had been changed after a quality and supply issue. Other examples included changing new employee inductions to other days of the week, rather than Mondays when staff were sometimes unavailable.

Monthly practice meetings were held and minutes were shared with staff from emails afterwards. The service had an employee representative that was available for staff to raise issues with at any time. They attended 3-monthly regional meetings and shared information between the service and head office where necessary. Staff were also members of messaging application group chats, which allowed instant sharing of information.

Goal setting performance meetings were held every 6 months for staff. Staff were given a pre-appraisal form to complete before these meetings. This helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education. All staff also had monthly one-to-one meetings with the practice manager.

**What needs to improve**

While the service had a system for checking staff immunisation status at recruitment, not all immunisation information held was consistent. Some of the clinical staff records we reviewed did not contain all the immunisation information expected. The service should liaise with its external recruitment company to make sure all newly recruited staff have proof of immunisation for tuberculosis, hepatitis B and hepatitis C, along with proof of HIV status before being employed (recommendation d).

- No requirements.
Recommendation d

- The service should standardise its recruitment procedures to ensure it has evidence of immunisation against tuberculosis, hepatitis B and hepatitis C, as well as proof of HIV status for all new clinical staff before they are employed.
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

The service was part of a large national organisation with a clinical governance department at head office. Good meeting structures were in place for information sharing. Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Quality improvement was central to the way the service operated.

The service is one of three BUPA practices in Scotland that offer specialised dental treatments. A compliance team was available at BUPA head office for support and guidance. They also carried out yearly inspections and intermittent audits of the service to make sure all corporate operating procedures are followed.

Head office provided weekly newsletters and clinical bulletins every 2 weeks for staff to share operational information and learning from across the organisation so that individual practices could learn from each other.

Daily morning huddles allowed clinical staff to discuss any issues and plans for the day ahead. A clinical safety alert system was in place to alert staff to any immediate issues quickly.

Quality improvement was central to the way the service operated. Systems were set up to generate opportunities to identify learning and improvement and share this among staff both within the service and in the wider organisation. Examples included:

- accidents, incidents and near misses
- an audit programme
- evaluation of complaints
• external quality assurance audits from head office, and
• patient feedback analysis.

Staff spoke highly of service leadership and it was clear that the practice manager was a present leader, available for staff when they needed them. BUPA recently introduced a dental nurse retention scheme to try and encourage dental nurses to remain with the company. The scheme provided dental nurses more development and advancement opportunities, as well as an increased pay rate and days off for special events. Staff told us they felt supported and encouraged to develop and there were substantial opportunities to learn and progress in the company.

- 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.

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<thead>
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<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should amend its complaint policy and procedure, to make the correct procedure clear for patients (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
</tr>
<tr>
<td>b The service should develop a protocol for informing patients what to do if the practice closes or their dentist will no longer be working at the practice (see page 9).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.12</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

1. The provider must ensure the correct sensor size is used for each patient to achieve adequate image quality, minimise the number of x-rays taken and minimise patient’s exposure to radiation (see page 12).

   **Timescale** – immediate

   *Regulation 3(a)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure this training is repeated at least annually thereafter (see page 12).

   **Timescale** – immediate

   *Regulation 12(c)(2)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

1. The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented (see page 12).

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

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<tr>
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<tr>
<td><strong>d</strong> The service should standardise its recruitment procedures to ensure it has evidence of immunisation against tuberculosis, hepatitis B and hepatitis C, as well as proof of HIV status for all new clinical staff before they are employed (see page 16).</td>
</tr>
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</table>

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

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