Announced Focused Inspection Report: Independent Healthcare

Service: Cherrybank Dental Spa, Edinburgh
Service Provider: Cherrybank Edinburgh Limited

4 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
# Contents

1. A summary of our inspection  
   4

2. What we found during our inspection  
   7

Appendix 1 – Requirements and recommendations  
   14

Appendix 2 – About our inspections  
   16
1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

We carried out an announced inspection to Cherrybank Dental Spa (Edinburgh) on Thursday 4 February 2021. This was our first inspection to this service. We spoke with a number of staff during the inspection.

The inspection team was made up of two dental 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 Cherrybank Dental Spa (Edinburgh), the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out with innovative methods used to help patients discuss and plan their treatment options. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.</td>
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#### Domain 7 – Workforce management and support

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>An appropriate recruitment policy was in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out. However, the service’s induction checklist should include all current health clearance checks staff undergo before they start working in the clinical environment.</td>
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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 Cherrybank Edinburgh Limited to take after our inspection

This inspection resulted in one requirement and two 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

Cherrybank Edinburgh Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Cherrybank Dental Spa (Edinburgh) 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

Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met the majority of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, a system must be developed to ensure all policies are regularly reviewed.

NHS dental services are inspected using the national dental 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 carried out the same combined practice inspection and sedation practice inspection checklists during this inspection. The majority of the essential and best practice criteria on this inspection were met.

The service was delivered from modern, accessible premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the clinic was to a very high standard. At the time of our inspection, all areas were clean, tidy and well organised. The service’s dental surgeries were well designed and were fully equipped for the procedures offered.
The service’s onsite decontamination room was well equipped with a washer disinfecter and vacuum autoclave used to clean and sterilise equipment. Service contracts were in place for this equipment. Dental nurses had been trained to carry out the decontamination (cleaning) and sterilisation of all reusable patient equipment. Instruments could be safely and easily transported from the dental surgeries to the decontamination room. Staff had a full understanding of the practice’s decontamination process and were able to show us how they safely processed instruments as part of our inspection.

Infection prevention and control policies and procedures were in place. These had been updated with COVID-19 policies and standard operating procedures. At the time of our inspection, the service was limiting the number of patients to the premises and the treatments it carried out. Aerosol generating procedures were being carried out in a limited way with appropriate fallow (downtime) time after the treatment to allow air and water droplets to settle. Patients were contacted the day before their appointment to check they had no COVID-19 symptoms before attending their appointment the next day. Patients were greeted at the door of the premises, and a temperature check and COVID-19 questionnaire was undertaken. They were asked to wash their hands in a designated patient area and wear a face mask until they were seated in the dental chair. Alcohol-based hand rub was available at the entrance to the premises. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The dental surgeries had X-ray machines, and a specific X-ray machine for taking 3D images was also located in a separate dedicated room. All radiological machines had regular safety assessments and a detailed and up-to-date radiation protection file was in place. Radiographic (X-ray) images were stored securely on the electronic patient care records.

All staff carried out annual training in the management of medical emergencies. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). This service was provided by a visiting sedationist. They were responsible for providing all sedation drugs and monitoring equipment. The sedationist had completed additional life support training and had been suitably trained in intravenous (IV) conscious sedation techniques.

Adequate systems and processes were in place to ensure the care environment and equipment were safe. We saw maintenance contracts for fire safety.
Appropriate electrical safety checks were carried out, and health and safety and radiation safety risk assessments had been completed.

A comprehensive system was in place for auditing some of the operational areas of the service. This included auditing that regular checks of the emergency drugs and decontamination equipment were carried out, and that additional COVID-19 infection prevention and control measures were taking place.

**What needs to improve**
We found that some policies and procedures were out of date. This included the data protection policy which needed to be updated in line with General Data Protection Regulations, and the complaints policy needed to include the contact details of Healthcare Improvement Scotland (requirement 1).

**Requirement 1 - Timescale: 30 April 2021**
- The provider must introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.
- No recommendations.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Comprehensive patient assessments were carried out with innovative methods used to help patients discuss and plan their treatment options. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.

The majority of referrals to the service were received directly from patients. Communication between patients and staff was good. Treatment was planned and delivered by a team of clinicians and a range of administration staff including treatment co-ordinators. Patients were offered an appointment with a treatment co-ordinator before seeing a dentist to help them make an informed decision about their preferred treatment option. Dedicated time was given to the treatment co-ordinators to fully discuss patient cases with the dentists.

We reviewed six patient care records stored electronically on the practice management software system. These were comprehensive, providing details of thorough assessment and clinical examinations, treatment and aftercare information, and consent documentation. Patient care records included a range
of digital photographs, radiographs (X-ray images) and scans. We found these to be of good quality. All selected scans were accessible and had been suitably reported in the patient care record. The practice had a dedicated photographic studio to allow good quality patient photographs to be taken before and after treatment.

All patients had been given comprehensive written treatment plans and estimates of treatment costs. Treatment co-ordinators also often produced detailed individualised patient videos that detailed treatment options and costs. We were told that, in many instances, patients were called by the administration team the day after their treatment to check how they were feeling about their care and treatment, and if they had any concerns or queries.

The clinical team carried out a range of patient care record audits including treatment course completion, prescribing and radiography audits. The administration team also carried out audits on areas such as patient feedback and reviewing the patient journey.

The service had suitable back-up systems in case of failure of the practice management software system.

- 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

An appropriate recruitment policy was in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out. However, the service’s induction checklist should include all current health clearance checks staff undergo before they start working in the clinical environment.

The service checked professional registration status before staff started in their role. New employees were well supported by the full team and an induction plan was in place for all new staff. The service currently had one trainee dental nurse employed and were in the process of recruiting a second one.
From speaking with staff, it was clear they understood, and had been suitably trained for, their individual roles. They were also clear on their responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved.

Appraisals were held every 3 months for all staff, with some staff groups participating in more detailed feedback surveys about their performance with their colleagues. These regular appraisals helped to identify training and development needs and opportunities. We were told the service supported staff who wished to carry out further training and education.

Staff had continued to carry out online training and education during the time the practice was closed due to COVID-19. We saw examples where staff were applying this newly acquired knowledge to enhance and improve what they were doing in the practice, particularly in relation to developing and implementing the new COVID-19 protocols and procedures.

**What needs to improve**

Part of a safe recruitment process is ensuring appropriate background checks are carried out on potential staff to ensure they are fit to work with vulnerable adults and children. The service included background checks and health clearance certification for relevant staff as part of its induction plan. However, the induction checklist should be updated to show all the background and health clearance checks that are required before staff carry out patient-facing roles (recommendation a).

- **No requirements.**

**Recommendation a**

- The service should update its induction checklist to ensure evidence is provided for all the current background and health clearance checks that staff require 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**

Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan should be developed.

Staff we spoke with described a positive team culture. They told us the practice manager was visible, approachable and actively encouraged their contributions to develop and improve the service. The service used a weekly survey to allow staff to provide anonymous feedback and make suggestions to the leadership team. Staff participated in a daily huddle and twice daily walk round checks were carried out by a senior staff member to check that COVID-19 protocols and procedures remained in place.

Leadership meetings were held every week and staff groups met every month. A full practice meeting was also held every month. Minutes were recorded for all formal meetings, with actions clearly detailed. These were circulated to all attendees. Patient feedback was discussed at these meetings and we saw evidence of lessons being learned and changes being made to improve the quality of the service. For example, as a result of patient feedback, the time displayed in each dental surgery clock was now checked to make sure they were at the correct time to reduce any anxiety of patients who may have time limited car parking.

The service regularly reviewed the quality of the service provided, such as taking into account feedback from patients, or other staff members, outcomes from audits, complaints, incidents or accidents. Any lessons to be learned were regularly shared and discussed with staff at staff meetings and daily huddles.
The service was part of a wider group of seven dental practices across Scotland. All of the practice managers met every week with the group manager and sales manager to discuss any issues and changes to how services were provided. The service used these meetings as a way to help keep up to date with emerging dental and clinical issues. Staff told us it was particularly useful over the past months with the changing requirements and guidance around COVID-19 for dental practices.

**What needs to improve**

Although the service and its staff were continually improving how the service was delivered, a quality improvement plan would help the service to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

**Recommendation b**

- The service should develop and implement a quality improvement plan.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>1</strong> The provider must introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 9).</td>
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Timescale – by 30 April 2021

*Regulation 3(d)*

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

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td>None</td>
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### Domain 7 – Workforce management and support

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

### Domain 9 – Quality improvement-focused leadership

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<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The service should develop and implement a quality improvement plan (see page 13).</td>
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</tbody>
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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