Announced Focused Inspection Report: Independent Healthcare

Service: MacEndo, Glasgow
Service Provider: Alastair MacDonald

13 November 2020
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
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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 MacEndo on Friday 13 November 2020. This was our first inspection to this service. We spoke with three members of staff during the inspection.

The inspection team was made up of 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. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For MacEndo, the following grades have been applied to the key quality indicators.

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

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was visible and communicative, particularly by the practice owner (practitioner) and practice manager. Although a small team, staff regularly met together, both formally and informally, to discuss patient needs and identify ways to further improve the service. A quality improvement plan should be developed.</td>
<td>✔ ✔ Good</td>
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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>
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<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.</td>
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</table>

#### Domain 7 – Workforce management and support

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>An appropriate recruitment policy was in place. Staff were registered with the relevant professional registration bodies. All staff were suitably trained for their job role, and were actively keeping their skills up to date. However, staff must have annual appraisals and 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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</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

**What action we expect MacEndo to take after our inspection**

This inspection resulted in two 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

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

We would like to thank all staff at MacEndo 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 vast majority of the criteria from the national dental combined practice checklist used during this inspection. However, a dedicated clinical hand wash sink must be installed in the decontamination room.

NHS dental services are inspected using the national dental Combined Practice Inspection checklist to ensure the safe delivery of care. This checklist has a number of essential and best practice criteria for dental practices including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We carried out the same combined practice checklist during this inspection. The vast majority of the essential and best practice criteria on this inspection were met.

The service provides endodontic care (root canal treatment and other procedures for treating the inside of teeth). This is on a referral basis only from a patient’s general dental practitioner.
The fabric and finish of the clinic was to a good standard. At the time of our inspection, all areas were clean, tidy and well organised. The service’s dental surgery was large and well designed, and was fully equipped for the procedures offered.

Infection prevention and control policies and procedures were in place. These had been updated with COVID-19 policies and standard operating procedures. 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. The service’s X-ray machine had been safety tested and a radiation protection file was in place.

Good systems and processes were in place to ensure the care environment and equipment were safe. We saw evidence of these processes being followed during our inspection. We saw maintenance contracts for fire safety. Appropriate electrical safety checks had been carried out, and health and safety risk assessments had been completed.

A regular 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.

The service’s onsite decontamination room was equipped with a washer disinfector and autoclaves used to clean and sterilise equipment. Service contracts were in place for this equipment. Nursing staff had been trained to carry out the decontamination (cleaning) and sterilisation of all reusable patient equipment. Dental instruments could be safely and easily transported from dental surgeries to the decontamination room. Nursing staff had a full understanding of the service’s decontamination process and were able to show us how they safely processed instruments as part of our inspection process.

**What needs to improve**

Although there were two sinks in the decontamination room, there was no dedicated clinical hand wash sink. At the time of the inspection, staff were using a non-compliant sink for hand washing. We saw that a clinical hand wash sink had been purchased and was waiting to be fitted by a plumber (requirement 1).

None of the staff members were trained in first aid assistance. This means the service may not be able to provide first aid assistance if this was needed by either staff or patients (recommendation a).

We saw that the service was using an ultrasonic bath to clean some dental instruments. A washer disinfector must be the primary method used for cleaning dental instruments. We highlighted this to staff during the inspection.
and were assured that the ultrasonic bath would be removed and this practice would stop.

**Requirement 1 – Timescale: 5 March 2021**
- The provider must install a clinical hand wash sink in the decontamination room in order to meet all essential criteria of the national Combined Practice Inspection checklist.

**Recommendation a**
- The service should train and appoint at least one certified first aider to ensure a first aid trained member of staff is available on site at all times.

**Our findings**

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

**Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare.**

Due to COVID-19, the service was not providing any information leaflets to patients or referring practitioners about the practice. The majority of patient referrals were received by the service electronically through a form on the practice website. The information was then used to contact the patient. The practice manager, who is also a registered dental nurse, contacts every patient to assess their treatment needs. A detailed explanation of what services were offered by the service was given to the patient, including the costs and what to expect on their first visit. This was followed up with an email summarising everything that was discussed during the telephone call.

The three patient records we reviewed showed that accurate and detailed patient care records were kept for all consultation and treatment appointments. The practitioner also provided detailed treatment notes and copy radiographs (X-rays) to referring practitioners to explain findings and any treatment completed. All patients were routinely reviewed by the service 6 months after their treatment had finished.

- 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. Staff were registered with the relevant professional registration bodies. All staff were suitably trained for their job role, and were actively keeping their skills up to date. However, staff must have annual appraisals and 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.

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.

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, such as infection prevention and control practices.

What needs to improve
Although the service comprised a small staff team, no formal annual appraisals were carried out. This would allow the practitioner and staff to document and review competencies, and identify future training needs to maintain the skills and knowledge required for their role (requirement 2).

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. Although the service had health clearance certification for most staff as part of its induction plan, the induction checklist should be updated to show all the health clearance checks that are carried out (recommendation b).
Requirement 2 – Timescale: by 5 March 2021

- The provider must ensure that each staff member has an annual appraisal and that a copy is kept in the staff personnel file.

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

Leadership was visible and communicative, particularly by the practice owner (practitioner) and practice manager. Although a small team, staff regularly met together, both formally and informally, to discuss patient needs and identify ways to further improve the service. A quality improvement plan should be developed.

Staff we spoke with were motivated and enthusiastic about their role and of the service. A staff member who was recently recruited to the service described how they were very impressed with the level of individual care the service provided to each patient. They also made particular reference to the high standards of recording and auditing of decontamination records. The practice owner (practitioner) and practice manager were visible, approachable and always on hand if required. As well as holding regular informal meetings, the service had recently started taking formal minutes of staff meetings. Any feedback provided by patients was discussed at staff meetings.

The practitioner has carried out extensive post-graduate education. They are involved with endodontic education and are an Honorary Clinical Teacher at the University of Glasgow. They have formed the Scottish Endodontic Study Group with colleagues and are the current chairperson of the group. They are also a member of a large number of professional organisations including the American Association of Endodontists, and a fellow of the Royal College of Physicians and Surgeons of Glasgow. This helped to keep up to date with current legislation and best practice in endodontic care. Staff told us the practitioner shared this learning and knowledge gained with the clinical team. For example, the newest member of staff, an experienced dental nurse, told us they had learned and understood much more about root treatments from the direct teaching and training provided by the practitioner.
The service hosted medical students as part of their elective experience. Every student had to carry out a research project on an aspect of care or treatment that took place in the service. We saw examples of formal reports produced as a result of the research projects with the findings used to improve the care provided in the service.

**What needs to improve**

Although the service and its staff were continually improving how the service was delivered, this was often not done in a structured way. 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 c).

- No requirements.

**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.

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

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<thead>
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<tr>
<td><strong>1</strong> The provider must install a clinical hand wash sink in the decontamination room in order to meet all essential criteria of the national Combined Practice Inspection checklist (see page 9).</td>
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<td><strong>Timescale</strong> – by 5 March 2021</td>
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**Regulation 2**

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

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<td><strong>a</strong> The service should train and appoint at least one certified first aider to ensure a first aid trained member of staff is available on site at all times (see page 9).</td>
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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 7 – Workforce management and support

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**Timescale** – by 5 March 2021

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

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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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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