Announced Focused Inspection Report: Independent Healthcare

**Service:** Cherrybank Dental Spa, Perth

**Service Provider:** Cherrybank Dental Spa Limited

11 February 2021
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www.healthcareimprovementscotland.org
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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 Cherrybank Dental Spa (Perth) on Thursday 11 February 2021. This was our first inspection to this service. We spoke with five 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. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Cherrybank Dental Spa (Perth), the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
<td><strong>Summary findings</strong></td>
<td><strong>Grade awarded</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>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 nearly all of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, the process for taking certain types of X-rays must be reviewed.</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</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 open, visible and approachable with the practice owner (practitioner) and practice manager regularly present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.</td>
<td>✔ Satisfactory</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>
<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 to help patients understand and discuss their treatment plan options. 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>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Safe recruitment and induction systems were in place. All staff were suitably trained for their job role, and were actively keeping their skills up to date.</td>
</tr>
</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Cherrybank Dental Spa Limited to take after our inspection

This inspection resulted in one requirement 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Cherrybank Dental Spa 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 (Perth) 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 nearly all of the criteria from the national dental and sedation practice inspection checklists used during this inspection. However, the process for taking certain types of X-rays must be reviewed.

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

Patient care and treatment was provided in a clean and safe environment. 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 surgeries were well designed and were fully equipped for the procedures offered.

Healthcare Improvement Scotland Announced Focused Inspection Report
Cherrybank Dental Spa (Perth), Cherrybank Dental Spa Limited: 11 February 2021
The service’s onsite decontamination room was well equipped with a washer disinfector and two autoclaves 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. Separate entrances and exits had been introduced to reduce the risk of contact with others. 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 carried out before they entered the clinic. Patients were taken straight to the dental surgery and asked not to remove their face mask until treatment was about to begin. 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. A dental laser was available for certain treatments and a dental microscope was used for endodontic procedures (root treatment procedures).

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 the sedation techniques undertaken.
Adequate systems and processes were in place to make sure 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.

What needs to improve
Rectangular collimators (a device that reduces the radiation dose to patients) were not being regularly used when intraoral X-rays (X-rays inside the mouth) were being taken. These must be used for all intraoral X-rays (requirement 1).

The quality of radiographic (X-ray) images should be audited regularly to ensure changes introduced to how X-rays are taken do not affect the quality of the images produced (recommendation a).

Requirement 1 – Timescale: by 6 May 2021
■ The provider must consistently use rectangular collimators for intraoral X-rays.

Recommendation a
■ The service should audit radiographic (X-ray) image quality to ensure the use of rectangular collimation does not reduce the quality of the radiographic images produced.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out with innovative methods to help patients understand and discuss their treatment plan 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. Most self-referrals were based on word of mouth experiences from previous patients. Communication between patients and staff was good. Treatment was planned and delivered by a team of clinicians 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. All aspects of the patient assessment and treatment options were provided on a very detailed, individualised ‘story board’ to help patients make decisions about their care and before consenting to treatment. This
included photos of the patient’s smile, any X-rays and scans as well as treatment costs.

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.

All patients had been given comprehensive written treatment plans and estimates of treatment 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 and radiography record keeping. 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**

Safe recruitment and induction systems were in place. All staff were suitably trained for their job role, and were actively keeping their skills up to date.

Safe staff recruitment processes were in place. We saw evidence that all staff had undergone relevant background and health clearance checks, including
Protecting Vulnerable Groups (PVG) checks. We noted that staff retention rates were good.

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. We were told the practice manager had reviewed the appraisal system and these were due to recommence once staff were fully back at work.

Staff had access to an online training and education system. We saw evidence that 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.

- No requirements.
- 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

Leadership was open, visible and approachable with the practice owner (practitioner) and practice manager regularly present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.

A new practice manager had taken over responsibility of the service in the past few months. They were well known to staff and patients as they had previously been a senior treatment co-ordinator and dental nurse in the practice. This meant that, not only had they worked in the practice for a long time, they also knew the team very well. It was clear that the team were supportive of the practice manager, and each other.

The practice manager worked very closely with the office manager to improve the running of the service, particularly for personnel matters. The practice owner (practitioner) and practice manager regularly met on an informal basis to discuss any issues in the service and drive forward improvements. Staff told us that the management team were approachable, and they knew any concerns or suggestions they raised with managers would be considered. A clinical staff daily huddle took place to allow any issues and concerns to be discussed at the start of each day, particularly about patient care.

A ‘continual improvement’ noticeboard was displayed in the staff area for any staff member to add suggestions and issues. These were then shared with the wider team to discuss and take forward, where necessary. Due to COVID-19 restrictions, staff were working in ‘bubbles’ and face-to-face meetings were not currently being carried out. An electronic ‘group chat’ had been created to allow staff to communicate regularly which staff felt was a good way to keep in touch with each other. During non-COVID-19 times, at least one practice meeting was held every month.
The practice owner attended industry training events, was a member of a range of dental organisations and maintained connections with other dental colleagues. This helped the service to keep up to date with emerging dental and clinical issues.

**What needs to improve**

Although the practice owner and practice manager regularly met to discuss service improvement, not all meetings were recorded. A more formal system for recording the outcomes of these meetings, including any actions to be taken forward and monitored, would help ensure better reliability and accountability (recommendation b).

A formal 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 b**

- The service should formally record the minutes of management meetings, including actions to be taken forward and monitored.

**Recommendation c**

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

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

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

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendation</th>
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<tr>
<td>1 The provider must consistently use rectangular collimators for intraoral X-rays (see page 9).</td>
<td>a The service should audit radiographic (X-ray) image quality to ensure the use of rectangular collimation does not reduce the quality of the radiographic images produced (see page 9).</td>
</tr>
</tbody>
</table>

**Timescale** – by 6 May 2021

**Regulation 2**

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

**Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19**
### Domain 9 – Quality improvement-focused leadership

<table>
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<th>Requirements</th>
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<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
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</table>
| b  The service should formally record the minutes of management meetings, including actions to be taken forward and monitored (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* |
| c  The service should develop and implement a quality improvement plan (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* |
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
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