Announced Inspection Report: Independent Healthcare

Service: Flying Smiles, Comrie
Service Provider: Flying Smiles

27 October 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
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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.

About our inspection

We carried out an announced inspection to Flying Smiles on Wednesday 27 October 2021. We spoke with the dental hygienist (service manager) and their business partner. We received feedback from 27 patients through an online survey we had asked the service to issue for us before the inspection, and one telephone call was received directly from a patient as a result of seeing our inspection poster. This was our first inspection to this service.

The inspection team was made up of three inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Flying Smiles, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service was well equipped, and all dental equipment was transported in a clean and secure way. Reusable dental instruments were decontaminated (cleaned) in a dedicated decontamination room. Patient care and treatment was delivered in domiciliary (home) settings, such as the patient’s own home, residential home or nursing</td>
<td>☑ Satisfactory</td>
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home. However, treatments must not take place in garden or outdoor environments. A regular programme of audits should be carried out.

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

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<td>9.4 - Leadership of improvement and change</td>
<td>Despite the team being very small with two members of staff working as part of a partnership agreement, there were clearly defined roles and responsibilities. The partners worked well together to support each other and provide a service to the community it served. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.</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**

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<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were of a good standard and contained information about all aspects of assessments and treatments. Patients felt involved with decisions about their care and treatment.</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>The dental hygienist was appropriately trained and highly motivated in delivering the service. Recruitment and selection policies, and discipline and dismissal policies, must be developed as the service expands.</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

What action we expect Flying Smiles to take after our inspection

This inspection resulted in four requirements and five 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

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

We would like to thank all staff at Flying Smiles 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

The service was well equipped, and all dental equipment was transported in a clean and secure way. Reusable dental instruments were decontaminated (cleaned) in a dedicated decontamination room. Patient care and treatment was delivered in domiciliary (home) settings, such as the patient’s own home, residential home or nursing home. However, treatments must not take place in garden or outdoor environments. A regular programme of audits should be carried out.

Domiciliary dental care is provided in an environment where a person is resident either permanently or temporarily, such as in the patient’s own home or in a residential or nursing home. This can be useful for nervous patients and those that find it impractical to attend a dental clinic, such as for mobility reasons or because of their geographic location. Patients can access this type of service without the need to visit a dentist.

The dental hygienist was providing dental hygiene care and treatment, and preventative oral hygiene advice and treatment in these types of settings. The service had a good range of equipment that was taken to every appointment, and a satisfactory system was in place to set up, use and dismantle this equipment safely.

The service’s decontamination room was equipped with a washer disinfector and an autoclave to clean and sterilise equipment. Service contracts were in place for this equipment and the dental hygienist had been trained in decontamination (cleaning) and sterilisation of dental instruments. Instruments were safely transported from a domiciliary setting to the decontamination room.
either by car or specially adapted bikes with storage capacity. The dental hygienist had a full understanding of the service’s decontamination process and was able to show us how they safely processed instruments as part of our inspection.

Infection prevention and control policies and procedures were in place and had been updated with COVID-19 procedures. Patients’ COVID-19 status and that of their household was checked before their appointment. Patients were not treated if there was any positive case of COVID-19 in the household. The dental hygienist wore a face mask at all times and alcohol-based hand rub was used before entering the domiciliary setting. Patients and their household wore face masks and physical distancing was observed where possible. Single-use patient equipment was used wherever possible, to prevent the risk of cross-infection.

All patients that responded to our online patient survey were satisfied with the cleanliness of the service. Comments included:

- ‘Great care was taken to keep... safe and sterile.’
- ‘[… ] arrive with all equipment which was set up very efficiently. Before arriving […] sends an email outlining when they will arrive and what they may need eg dogs to be put away.’
- ‘All equipment was explained to me and any questions were answered if I was unsure about anything.’

What needs to improve

Independent dental services are inspected using the same national Combined Practice Inspection Checklist as NHS dental practices 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.

Not all essential and best practice criteria from the combined practice inspection checklist were met on this inspection.

Staff told us that some recent hygiene treatments had taken place in patients’ gardens to help ease their feelings of anxiety. This does not fall within the accepted definition of a domiciliary setting. Although we were told this had been at the request of patients, this must not become routine practice.
Healthcare must be provided in premises that are suitable for the purpose of the healthcare being provided (requirement 1).

Healthcare services must have appropriate waste contracts in place to ensure waste is disposed of safely. We did not see any evidence of a clinical waste contract for the uplift of all clinical and hazardous waste generated by the service (requirement 2).

Regular electrical safety checks were not being carried out on the portable electrical equipment used in the decontamination room, or the dental equipment used to treat patients. This is needed to provide assurance that the equipment is maintained in a safe condition (requirement 3).

The service had a duty of candour policy that described how it would meet its responsibility to be honest with patients if things went wrong. However, staff were not trained in the principles of duty of candour (recommendation a).

No system was in place to demonstrate how the service would manage accidents, incidents and adverse events. An incident management policy and accompanying process should be developed detailing how the service would deal with accidents, incidents and adverse events, including how any lessons learned would be implemented and shared with staff (recommendation b).

No fire risk assessment had been carried out for the business premises where the decontamination room was situated, and for the transportation of the emergency oxygen cylinder. As the service visits individual homes, a fire risk assessment should be considered for each premises where the service provides treatment (recommendation c).

Formal clinical audits were not regularly carried out in the service. Regular audit would allow the service to identify areas for improvement, such as gaps in patient care records (recommendation d).

**Requirement 1 – Timescale: immediate**
- The provider must ensure that treatment and care is delivered in premises that are suitable for the purpose of the healthcare being provided.

**Requirement 2 – Timescale: by 22 January 2022**
- The provider must produce evidence of a clinical waste contract for the removal and disposal of all types of clinical and hazardous waste generated by the service.
Requirement 3 – Timescale: immediate

■ The provider must ensure that regular checks are carried out on the service’s portable electrical appliances to ensure they are maintained in a safe condition.

Recommendation a

■ The service should ensure staff receive training on the principles of duty of candour.

Recommendation b

■ The service should develop an incident management policy and process for dealing with accidents, incidents and adverse events.

Recommendation c

■ The service should develop a fire risk assessment for the decontamination room and transportation of the emergency oxygen cylinder. Consideration of fire risk should also be assessed at every home from where the service provides treatment.

Recommendation d

■ The service should introduce a programme of regular audits, for example on patient care records. Audits should be documented and improvement action plans implemented.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were of a good standard and contained information about all aspects of assessments and treatments. Patients felt involved with decisions about their care and treatment.

We reviewed five electronic patient care records stored on the practice management software system. These were of good quality, detailing assessment and thorough clinical examination, treatment and aftercare information. The dental hygienist was able to access clinical notes at the patient’s home using the service’s hand-held electronic tablet with appropriate software installed and a mobile wireless internet connection.

Patients were provided with a written explanation of how the service operated, and to confirm that they were not seeing a dentist as part of their care. Written consent was obtained and information on fees was also given to the patient.
Patients were regularly reviewed after their hygiene treatment and future appointments were set at defined intervals based on individualised patient risk assessments. These were recorded in the patient’s care record.

Appropriate procedures were in place to make sure that information was held securely, either on the service’s hand-held electronic tablet or in a locked filing cabinet in the decontamination room.

All patients that responded to our online patient survey felt involved with decisions about their care and treatment. Comments included:

- ‘Indicated my concerns and was given relevant advice on dental hygiene.’
- ‘Always asked what my decision was and never forced in to anything I didn’t want.’
- ‘[...] always provides options and information.’

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

The dental hygienist was appropriately trained and highly motivated in delivering the service. Recruitment and selection policies, and discipline and dismissal policies, must be developed as the service expands.

The dental hygienist had appropriate training and skills and had a great deal of motivation to deliver oral healthcare advice and treatment to their patients, and also raise awareness of this in the wider local community. They had a personal development plan and were enthusiastic about making improvements to how the service was delivered, and furthering their own knowledge and skills, where possible.
All patients that responded to our online patient survey felt confident that staff had the right knowledge and skills to administer their treatments. Comments included:

- ‘Very professional and knowledgeable practitioner who took time to listen and explain.’
- ‘[...] is very knowledgeable and the best hygienist I have ever been treated by. My oral health is the best it has been in my adult life after three treatments from [...] and following her after care advice.’

**What needs to improve**

The service was provided by a business partnership. Both partners knew their roles and were very supportive of each other. However, one partner was not a registered dental professional and therefore did not provide any input with clinical duties. We were told a registered dental nurse was in the process of being recruited to support the dental hygienist with their clinical duties and to enhance the patient care experience.

Part of a robust and safe recruitment process is ensuring an appropriate recruitment and selection policy and procedure is in place, and to ensure any prospective employee is fit to work in their job role. Employed staff must also be provided with terms and conditions of their employment, for example a discipline and dismissal policy (requirement 4).

**Requirement 4 – Timescale: by 22 January 2022**

- The provider must develop and implement a recruitment policy and process and relevant additional policies that demonstrate the safe recruitment, selection and induction of new staff.
- 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

Despite the team being very small with two members of staff working as part of a partnership agreement, there were clearly defined roles and responsibilities. The partners worked well together to support each other and provide a service to the community it served. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

The partners were both motivated and enthusiastic about the service and what they could offer to patients. Since registration in August 2020, the service had developed good links with local dental practices and was working with them to provide oral hygiene care and treatment to patients. The service was continually seeking to support links with the community to provide opportunities to teach good oral hygiene messages.

The dental hygienist kept up with industry standards through their membership of various online professional groups, and attending training and development sessions. They were working with other dental hygienists to provide them with training and information on setting up a direct access dental hygiene service.

What needs to improve

Although the team was very small and patient feedback and service improvement were discussed informally, there was no formal system to track responses to feedback and demonstrate what actions had been taken to improve the service. A formal quality improvement plan and process would help the service structure and record improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).
No requirements.

**Recommendation e**
- 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>
<tr>
<th>Requirements</th>
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<tr>
<td><strong>1</strong> The provider must ensure that treatment and care is delivered in premises that are suitable for the purpose of the healthcare being provided (see page 9).</td>
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<td>Timescale – immediate</td>
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| *Regulation 10*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **2** The provider must produce evidence of a clinical waste contract for the removal and disposal of all types of clinical and hazardous waste generated by the service (see page 9). |
| Timescale – by 22 January 2022 |
| *Regulation 3(d)(iii)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Requirements

3  The provider must ensure that regular checks are carried out on the service’s portable electrical appliances to ensure they are maintained in a safe condition (see page 10).

**Timescale – immediate**

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

#### Recommendations

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<td><strong>a</strong></td>
<td>The service should ensure staff receive training on the principles of duty of candour (see page 10).</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</td>
</tr>
<tr>
<td><strong>b</strong></td>
<td>The service should develop an incident management policy and process for dealing with accidents, incidents and adverse events (see page 10).</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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<tr>
<td><strong>c</strong></td>
<td>The service should develop a fire risk assessment for the decontamination room and transportation of the emergency oxygen cylinder. Consideration of fire risk should also be assessed at every home from where the service provides treatment (see page 10).</td>
<td>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</td>
</tr>
<tr>
<td><strong>d</strong></td>
<td>The service should introduce a programme of regular audits, for example on patient care records. Audits should be documented and improvement action plans implemented (see page 10).</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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### Domain 7 – Workforce management and support

<table>
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| **4** The provider must develop and implement a recruitment policy and process and relevant additional policies that demonstrate the safe recruitment, selection and induction of new staff (see page 12).  

Timescale – by 22 January 2022  

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

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<td>None</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
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| e The service should develop and implement a quality improvement plan (see page 14).  

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