Announced Inspection Report: Independent Healthcare

Service: Bite Dentistry, Edinburgh
Service Provider: Bite Dentistry Limited

15 June 2022
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
## Contents

1. A summary of our inspection ........................................ 4

2. What we found during our inspection .............................. 7

   Appendix 1 – Requirements and recommendations ............... 17
   Appendix 2 – About our inspections ............................... 18
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 Bite Dentistry on Wednesday 15 June 2022. We spoke with a number of staff during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two 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 limited self-evaluation.

What we found and inspection grades awarded

For Bite Dentistry, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
</tbody>
</table>
maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service’s on-site decontamination room. The service met all of the criteria from the national dental and sedation practice inspection checklists used during this inspection. Sedation-based care audits should be included as part of the service’s audit programme.

Domain 9 – Quality improvement-focused leadership

9.4 - Leadership of improvement and change

Leadership was open, visible and supportive with the practice owner (lead dental 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 helped to continually review and develop the service.

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 |
| Quality indicator                                                                 | Summary findings                                                                                                                                 |
| 5.2 - Assessment and management of people experiencing care                      | Treatments were fully explained and discussed with patients. Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments and treatments, and aftercare. |

| Domain 7 – Workforce management and support |
| 7.1 - Staff recruitment, training and development | Safe recruitment and induction systems were in place. All staff had personal development plans, were appropriately trained for their job role and had opportunities for training and development. |
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

Further information about the Quality Framework can also be found on our website at:  

**What action we expect Bite Dentistry Limited to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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

We would like to thank all staff at Bite Dentistry for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patient feedback was very positive and was sought in a number of different ways. We saw examples of how patients were actively encouraged to help improve how the service was delivered. A clear and accessible complaints procedure was in place.

The service had a participation policy for patients and staff detailing how feedback would be gathered and used to improve how the service was delivered. Feedback was gathered from patients in a variety of ways, including comments cards in reception, a request for feedback following treatment ending or for testimonials from patients, including video testimonials on the service’s website. A patient satisfaction survey was carried out every year by the service’s private dental payment plan provider, with a full report and analysis provided to the service. This included detailing any recommended actions to be taken. We were told the service was also considering emailing patients to ask for feedback after every treatment session.

All patients who underwent dental treatments received a follow-up telephone call 24 hours after treatment. This allowed the service to monitor patient satisfaction with their care and to provide any additional treatment or advice. The service found this was worthwhile as some patients had commented they liked this.

The practice manager was responsible for collecting all feedback and analysing the information. Learning from patient feedback and complaints was discussed and reflected on at staff meetings, and there was evidence of change as a result. For example, patients preferred not to have music playing in the waiting area so this was no longer done. Individual patients were asked if they wished music in the surgery and what type of music they would like to be played. The service
had also introduced bottled water for patients as they had fed back they would prefer this rather than using a water cooler in the waiting area.

The service’s complaints policy encouraged early communication if patients raised any queries or concerns. A clear, written complaints procedure was available in the waiting area and on the service’s website. There was a clear system for dealing with complaints and the service could demonstrate improvements made to the service following complaints received. All staff we spoke with knew the process for dealing with a complaint. The procedure made clear that patients could contact Healthcare Improvement Scotland at any time. As the service was also a member of a private dental payment plan provider, patients could also complain through that company’s complaints system.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy and process in place to manage any duty of candour incidences. Staff had received training in the duty of candour process and the service published annual duty of candour reports.

- No requirements.
- No recommendations.
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 all of the criteria from the national dental and sedation practice inspection checklists used during this inspection. Sedation-based care audits should be included as part of the service’s audit programme.

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. All 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 very 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.
The service’s on-site 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. Patients were still being contacted before their appointment to check they had no COVID-19 symptoms. Alcohol-based hand rub was available at the entrance to the premises and all patients were asked to use this on entering and leaving the building. 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 range of new computer-based technologies was available for treatment planning and implant placement.

Systems and processes were in place to make sure the care environment and equipment were safe. We saw maintenance contracts for fire safety, decontamination equipment and pressure vessels, such as sterilisers and dental compressors. Appropriate legionella, fire safety and electrical safety checks were carried out and radiation safety risk assessments had been completed. The service had a significant event policy and procedures in place in case of any adverse or near miss event.

The service’s audit programme included infection prevention and control, patient care records and referral sources. We were told the service was planning to audit patients’ medical history, implant success and radiographic record keeping within the next 3 months.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Staff had recently undertaken face-to-face life support training that included managing sedation-related emergencies.
All patients that responded to our survey said they were satisfied with the standard of the environment and equipment at the service. Comments included:

- ‘I was very impressed with the standard of equipment and felt comfortable and confident throughout the treatment.’
- ‘Very modern and up to date facilities - a great environment.’
- ‘Always clean and tidy.’

**What needs to improve**

Now that the service was back to fully operational following the COVID-19 pandemic, sedation care was being provided on a more frequent basis. A sedation-based care audit would help the service to analyse the types of patients receiving sedation and the dosages involved. This would allow any learning and potential changes to sedation assessment and care to take place (recommendation a).

We reminded the service that sedation-related emergency training should continue to be carried out on at least a 6-monthly basis.

- No requirements.

**Recommendation a**

- The service should undertake a sedation-based care audit.

### Our findings

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

Treatments were fully explained and discussed with patients. Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments and treatments, and aftercare.

Patients attended the practice either by self-referral or they could be referred by their general dental practitioner for specialist treatment. Patients could also register at the practice for their general dentistry requirements, including hygiene treatments.
All patients that responded to our survey said they were given appropriate information about their treatment and care. Comments included:

- ‘All treatment outcomes were fully explained before proceeding.’
- ‘All my questions were answered fully.’
- ‘The info provided in advance was very full.’

The service was registered with the Information Commissioner’s Office (ICO) (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information. We reviewed six electronic patient care records on the practice management software system. These were comprehensive, detailing assessment and thorough clinical examination, treatment and aftercare information. 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 by the lead dental practitioner who had carried out additional training in 3D scan reporting.

Dental nurses were actively involved in the patient journey. For example, two of the registered dental nurses were treatment co-ordinators and met patients for their first appointment to discuss what the patient concerns were and what kind of treatment they were thinking they would need. The treatment co-ordinators supported the treatment planning appointment and follow up. Dental nurses who had their radiography qualification could also take 3D scans (on the prescription of a dentist).

All patients had been given comprehensive written treatment plans and estimates of treatment costs. The practice management software system included scanned copies of all patient and dentist correspondence. These records included signed written consent documents and correspondence to referring clinicians.

The practice had suitable confidentiality protocols and data back-up systems.

- 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 had personal development plans, were appropriately trained for their job role and had opportunities for training and development.

We noted the service had a very consistent and long-standing staff group with a very low turnover rate. We saw safe staff recruitment processes were in place and had been followed. For example, all staff had relevant background and Protecting Vulnerable Groups (PVG) checks carried out and professional indemnity insurance in place. All but one member of staff also had evidence of health clearance certification retained in their file. The practice manager was in the process of seeking this certification for the one remaining member of staff.

From speaking with staff, it was clear they understood their individual roles and had been appropriately trained for them. Staff were also clear about their own responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed resolved.

All patients that responded to our survey said they felt staff had the right knowledge and skills to deliver their treatment. Comments included:

- ‘I never had any doubt that I would receive excellent treatment.’
- ‘I have full confidence in all staff.’
- ‘[...] is outstanding - her practice is a credit to her devotion to her dentistry career.’

Staff were encouraged to develop their knowledge and skills. The service financed courses for staff, such as dental nurse sedation qualifications and dental radiography qualifications. All qualified dental nurses were funded for an annual continuing professional development (CPD) membership to an online CPD portal to access relevant training and education courses. The service was also supporting a trainee dental nurse with their training. The trainee dental nurse told us the team was very supportive and provided help and answered all
their questions when required. We noted the practice manager was very supportive of training and development opportunities for all staff.

- 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 supportive with the practice owner (lead dental 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 helped to continually review and develop the service.

We noted a positive team culture, with staff telling us the practice owner (lead dental practitioner) and practice manager were visible, approachable and actively encouraged their contributions to developing and improving the service.

Staff met each month to discuss the service, ensuring the team was updated on operational issues and to drive forward any improvement work. Minutes of these formal meetings, with actions clearly detailed, were then circulated to all attendees. The practice owner, practice manager and the rest of the team also regularly met on an informal basis.

From speaking with staff, it was clear there was an open and no blame, supportive culture. Staff described analysis and learning taking place when necessary following feedback, or from significant events, to help improve the service and learn from incidents.

The practice owner attended industry training events, and was a member of a range of dental organisations. This included being the immediate past president of the Association of Dental Implantology. They had a good network of dental colleagues who they regularly connected with.
The practice manager regularly reviewed policies, procedures and operational tasks and worked with the team to discuss any changes or improvements needed. Staff told us the management team was approachable and any concerns or suggestions they raised with the practice manager would be considered.

The service had recently introduced a formal quality improvement plan to document service improvement processes and outcomes. This should help the service to measure the impact of change and demonstrate a culture of continuous improvement.

All patients that responded to our survey felt they had a very positive experience from using the service. Comments included:

- ‘I can’t recommend [...] and her team highly enough - they are the best.’
- ‘Whilst it is never a joy to have to visit a dentist, I have been privileged to have been using Bite Dentistry for the last 20 years and have been completely satisfied with the exemplary dental treatment I have received.’

**What needs to improve**

While we were told the practice owner and practice manager met regularly to discuss service improvement, not all meetings were documented. A more formal system for recording the outcomes of these meetings, including any actions to be taken forward and monitored, would help keep track of improvements and accountability. This could also be added to the quality improvement plan (recommendation b).

- No requirements.

**Recommendation b**

- The service should record all meetings between the practice owner and practice manager, including any actions to be taken forward and monitored, and who is responsible. This will ensure better reliability and accountability.
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>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td></td>
</tr>
<tr>
<td>a The service should undertake a sedation-based care audit (see page 11).</td>
<td></td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td></td>
</tr>
<tr>
<td>b The service should record all meetings between the practice owner and practice manager, including any actions to be taken forward and monitored, and who is responsible. This will ensure better reliability and accountability (see page 16).</td>
<td></td>
</tr>
</tbody>
</table>

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](mailto:his.ihcregulation@nhs.scot)