



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: MacEndo, Glasgow

Service Provider: Alastair MacDonald

16 November 2023

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13 November 2020

Requirement

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.

Action taken

A clinical hand wash sink had now been installed in the decontamination room. **This requirement is met.** However, the sink did not meet current guidance about sanitary fittings in healthcare premises. **A new requirement has been made** in Domain 7 (Quality control) (see requirement 6 on page 24).

Requirement

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

Action taken

Annual appraisals of employed staff were now being carried out, and this information was kept within each of the personnel files of the staff members. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 13 November 2020

Recommendation

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.

Action taken

Although a staff member had undertaken training to be the service's nominated first-aider, their training had expired. We saw evidence that the service had booked a contractor to provide this first aid training within the coming weeks.

Recommendation

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.

Action taken

The induction checklist had been updated and now included checking health clearance when recruiting new clinical staff members. However, there was no evidence of health clearance for some staff currently working in the service that were carrying out exposure prone procedures. These include procedures where the staff member's gloved hand may be in contact with sharp tissues inside a patient's mouth and could result in exposure to the patient's open tissues or blood. **A new requirement has been made** in Domain 7 (Quality control) (see requirement 7 on page 25).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had still not developed and implemented a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation k on page 22).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to MacEndo on Thursday 16 November 2023. We spoke with a number of staff during the inspection. We did not receive any feedback to an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, MacEndo is an independent clinic providing endodontic dental care (root canal treatment and other procedures for treating the inside of teeth).

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For MacEndo, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
<p>The service was a long-established dental practice providing a personal level of care to patients. As a small team, staff were engaged continually with each other to improve patient care. A strategy should be developed that identifies the service's aims and objectives and the key performance indicators it will use to measure how these will be achieved. A more formal system should be introduced for recording staff meetings.</p>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place.</p> <p>Findings from the legionella risk assessment must be acted on. Evidence of a satisfactory fixed electrical installation must be provided. The expired oxygen cylinder must be replaced. Staff must undertake infection prevention and control training.</p> <p>Key patient information should be made available. A more structured way of seeking and using patient feedback should be developed. All staff should be trained in duty of candour principles and annual duty of candour reports should be published. A clinical audit programme and quality improvement plan should be developed.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>Although the service was delivered from a clean and well-equipped environment, risk assessments must be developed for the service's ventilation system and clinical hand wash sinks. Appropriate health clearance checks must be undertaken. Patient care records should be reviewed to ensure they provide detailed information on medicines administered.</p>	✓ Satisfactory

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 Assurance Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Alastair MacDonald to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in seven requirements and 15 recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should develop a strategy that identifies clear and measurable aims and objectives, along with the key performance indicators that will help it achieve these aims and objectives (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

Direction (continued)	
Recommendations	
b	<p>The service should introduce a programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
1	<p>The provider must obtain a new oxygen cylinder and remove the expired oxygen cylinder from service (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must arrange for an electrical installation condition report to be undertaken (see page 20).</p> <p>Timescale – by 21 March 2024</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must action the findings of the legionella risk assessment (see page 20).</p> <p>Timescale – by 21 April 2024</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

- 4** The provider must ensure that all relevant staff undertake NHS Education for Scotland infection prevention and control training (see page 20).

Timescale – by 21 May 2024

Regulation 12(c)(ii)

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

Recommendations

- c** The service should review its website to provide additional patient information, such as opening hours and its cancellation policy, or create a patient information leaflet to provide all the information patients may require (see page 17).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19

- d** The service should develop and implement a formal mechanism to actively seek the views of staff working in the service (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- e** The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- f** The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

Implementation and delivery (continued)

Recommendations

g The service should support at least one member of staff to undertake fire safety training (see page 21).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

h The service should publish its duty of candour report annually (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

i The service should ensure that all staff are trained in the duty of candour principles (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

j The service should further develop its audit programme to include patient care record audits and a review of patient treatment outcomes. Audit results should be documented, and action plans developed and discussed with the practice team (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

k The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the November 2020 inspection report for MacEndo.

Results

Requirements

- 5** The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system and consider a refurbishment programme to upgrade this (see page 24).

Timescale – by 21 April 2024

Regulation 10(2)(c)

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

- 6** The provider must carry out a risk assessment on the clinical hand wash sinks in the dental surgery and decontamination room to mitigate against any risk associated with using non-compliant clinical hand wash sinks and consider a refurbishment programme to upgrade them (see page 24).

Timescale – by 21 April 2024

Regulation 3(d)(i)

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

- 7** The provider must undertake the appropriate health clearance checks needed for exposure prone procedures for the clinical staff member identified during the inspection (see page 25).

Timescale – by 21 March 2024

Regulation 3(a)

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

Recommendations

- I** The service should ensure that the hand washing sink area is clear of hand hygiene products to enable adequate cleaning and disinfection of the surfaces (see page 25).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

Results (continued)

Recommendations

m The service should ensure that detailed information about medicines administered to patients, such as local anaesthetic, is recorded in patient care records (see page 25).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

n The service should obtain written consent from patients when undertaking endodontic treatment (see page 25).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

o The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 25).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

Alastair MacDonald, 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.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service was a long-established dental practice providing a personal level of care to patients. As a small team, staff were engaged continually with each other to improve patient care. A strategy should be developed that identifies the service's aims and objectives and the key performance indicators it will use to measure how these will be achieved. A more formal system should be introduced for recording staff meetings.

Clear vision and purpose

The service was a long-established, referral-only endodontic (root canal treatment) clinic, with patients being referred by their general dental practitioner. Its purpose was to provide patients and referring dentists with the healthiest foundations for fillings, crowns and bridges.

What needs to improve

The service had no objectives or overall vision. There was no strategy or any key performance indicators to measure performance and to help the service achieve its aims (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategy that identifies clear and measurable aims and objectives, along with the key performance indicators that will help it achieve these aims and objectives.

Leadership and culture

The service was provided by a small team, with one practitioner who was a dentist registered with the General Dental Council and three staff members. Staff told us they felt proud to offer a personal level of service that helped to deliver a high standard of care and treatment to patients.

Staff turnover was low and there was enough staff for the volume of work undertaken. Staff we spoke with told us they felt motivated, understood their individual roles and had been suitably trained. They were clear on the responsibilities of other team members and knew who to contact if they needed information or if an issue needed to be resolved. Staff told us they felt able to make suggestions and improvements to the registered manager.

Leadership was visible with the dentist who was the registered manager, and the practice manager who was a dental nurse, always being readily available and working in the service full time. There was a collaborative culture and a keenness to support each other to deliver the best level of care to patients.

What needs to improve

Although staff meetings were held regularly, minutes were not always taken and issues were often only discussed informally as they arose, as the team was small. A more formal system of staff meetings should be introduced, with set agenda items, a record of attendance, and any actions to be taken forward and monitored (recommendation b).

- No requirements.

Recommendation b

- The service should introduce a programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and business continuity arrangements were in place.

Findings from the legionella risk assessment must be acted on. Evidence of a satisfactory fixed electrical installation must be provided. The expired oxygen cylinder must be replaced. Staff must undertake infection prevention and control training.

Key patient information should be made available. A more structured way of seeking and using patient feedback should be developed. All staff should be trained in duty of candour principles and annual duty of candour reports should be published. A clinical audit programme and quality improvement plan should be developed.

Co-design, co-production (patients, staff and stakeholder engagement)

Key information about the treatments offered was available on the service's website.

As a small service, staff sought feedback from patients in an informal way by asking them about their experience immediately after their appointment. We saw evidence of thank you cards from patients, thanking staff for their care.

What needs to improve

Outwith information about treatments offered, the service's website did not include other information that could be useful for patients, such as opening hours and the policy for cancellation of appointments. Alternatively, a practice information leaflet could be produced to provide key information to patients (recommendation c).

There was no formal mechanism for seeking views from staff. As the team was small, suggestions for improvements were discussed informally (recommendation d).

There was no structured approach to collecting patient feedback. A patient participation policy would provide more structure for engaging with patients and seeking their feedback to help continually improve how the service is delivered. This policy should set out:

- the different methods used to gather feedback
 - how results are evaluated and used to implement change where possible, and
 - how the impact of improvements will be measured (recommendation e).
- No requirements.

Recommendation c

- The service should review its website to provide additional patient information, such as opening hours and its cancellation policy, or create a patient information leaflet to provide all the information patients may require.

Recommendation d

- The service should develop and implement a formal mechanism to actively seek the views of staff working in the service.

Recommendation e

- The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The registered manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notifications guidance, and of relevant incidents under health and safety legislation.

The service kept a comprehensive register of its policies and procedures. These were regularly reviewed and updated to make sure they reflected the most up-to-date legislation and guidance.

Infection prevention and control policies and procedures were in line with national best practice. Contracts were in place to ensure all clinical waste was disposed of safely.

The onsite decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the dental surgery and decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments. During the inspection, a staff member demonstrated how the team safely processed instruments.

The dental surgery had an intraoral X-ray machine (used for X-rays taken inside the mouth) and this had undergone regular safety assessments. A digital X-ray system had recently been installed. A range of sensor sizes were available to allow the most appropriate image to be recorded for each patient. We saw a detailed and up-to-date radiation protection file in place. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system.

Portable electrical equipment had been tested to ensure it was safe to use. Fire safety signage was displayed and fire safety equipment was serviced every year.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The service had not received any complaints since it was registered with Healthcare Improvement Scotland in June 2018.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong.

The service operated an appointment-only system for all consultations and treatments. All patients were contacted to make their first appointment. At this point, the practice manager explained the process to the patient and also gained further information from the patient about their symptoms. Patients were able to ask questions and were made aware of likely costs for their treatment. Each patient was assessed individually by the practitioner with some patients having a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment.

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the practitioner to check if the treatment had been successful and to make sure patients were happy with the results. Patients were given verbal aftercare advice at the time of treatment followed up with written aftercare advice. We saw that patients were given the service's contact details in case of any complications following their treatment. Patients were routinely reviewed 6 months after their treatment to review its success.

Patient care records were kept in written format with radiographs recently being moved to an electronic format. Patient care records were secured in locked cabinets when not in use. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

An induction checklist had been put in place since our last inspection. However, it had not yet been used as no new staff had been employed. We saw that all staff had undergone a Protecting Vulnerable Groups (PVG) check. We also saw that a system was in place for checking annual professional registration and indemnity insurance.

The practitioner kept up to date with changes in best practice as a member of several national organisations such as the British Endodontic Society, and the American Association of Endodontists. They were a Fellow of the Royal College of Physicians and Surgeons of Glasgow, and a Fellow of the American College of Dentists.

Annual appraisals were carried out for all employed staff. These helped to identify training and development needs and opportunities.

What needs to improve

Although the service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen, one of the oxygen cylinders had expired its use by date (requirement 1).

The electrical installation condition report was overdue. Therefore, the provider could not demonstrate that the fixed electrical system was in a satisfactory condition (requirement 2).

Despite a recent legionella risk assessment being carried out by an external contractor, there was no legionella management plan or checks on water outlets and storage tanks in place, as highlighted in the risk assessment (requirement 3).

Staff had not undertaken appropriate infection prevention and control training from NHS Education for Scotland (requirement 4).

The service's complaints policy had not been published on its website. The practice manager agreed this would help provide patients with easy access to information on how to make a complaint (recommendation f).

We noted that no staff had undertaken any fire safety training. To provide assurance that appropriate fire safety checks are undertaken, and all staff know what to do in the case of fire, fire safety training should be undertaken by a member of staff (recommendation g).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year. Although a report had been produced, it had not been published on the service's website or made available in the service for patients to view (recommendation h).

Some staff had not received training in the duty of candour principles. It is important that staff understand their responsibilities if something goes wrong with a patient's treatment or care (recommendation i).

Despite medical emergency training being undertaken by all staff, at least one staff member should also be trained in first aid. We saw evidence that a staff member was booked to undergo first aid training within the next 6 months. We will follow this up at our next inspection.

Requirement 1 – Timescale: immediate

- The provider must obtain a new oxygen cylinder and remove the expired oxygen cylinder from service.

Requirement 2 – Timescale: by 21 March 2024

- The provider must arrange for an electrical installation condition report to be undertaken.

Requirement 3 – Timescale: by 21 April 2024

- The provider must action the findings of the legionella risk assessment.

Requirement 4 – Timescale: by 21 May 2024

- The provider must ensure that all relevant staff undertake NHS Education for Scotland infection prevention and control training.

Recommendation f

- The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint.

Recommendation g

- The service should support at least one member of staff to undertake fire safety training.

Recommendation h

- The service should publish its duty of candour report annually.

Recommendation i

- The service should ensure that all staff are trained in the duty of candour principles.

Planning for quality

A range of risk assessments were in place, including a general health and safety risk assessment for the building and a radiation risk assessment. These helped to ensure the safety of staff and patients.

A business continuity plan was in place in the event that the service experienced a disruptive incident. The plan provided details of key contacts and contractors to contact to help reinstate services. As the service was a referral-only practice, patients did not need to rely on it for their general dental care. Therefore, patients could attend their general dental practitioner if the service was disrupted.

We saw evidence of audits taking place for infection control, and medical emergency drugs and equipment. These were undertaken by different staff members and results were shared with the rest of the team.

What needs to improve

A formal review of patients' treatment outcomes and further clinical audits, such as patient care record audits, would help the service demonstrate that audits are leading to improvement (recommendation j).

At our previous inspection, we recommended that the service should develop a quality improvement plan to help structure and record service improvement processes and outcomes. No action had been taken to address this recommendation. Developing a quality improvement plan would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation k).

- No requirements.

Recommendation j

- The service should further develop its audit programme to include patient care record audits and a review of patient treatment outcomes. Audit results should be documented, and action plans developed and discussed with the practice team.

Recommendation k

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

Although the service was delivered from a clean and well-equipped environment, risk assessments must be developed for the service's ventilation system and clinical hand wash sinks. Appropriate health clearance checks must be undertaken. Patient care records should be reviewed to ensure they provide detailed information on medicines administered.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

The service was delivered from premises that provided a clean environment for patient care and treatment. The fabric and finish of the clinic was good. At the time of our inspection, all areas were clean, tidy and well organised.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks were available.

We reviewed four patient care records and saw evidence of adequate record keeping. All entries were handwritten, signed and dated. Each patient care record showed a clear pathway from assessment to treatment. Patient information included taking a full medical history, with details of any health conditions, medications and allergies highlighted to show any risks associated with the treatment.

What needs to improve

There was no externally ducted ventilation in the dental surgery or decontamination unit. This meant that the only source of ventilation was an openable window in the dental surgery (requirement 5).

The clinical hand wash sinks in the dental surgery and decontamination room did not meet current standards about sanitary fittings in healthcare premises (requirement 6).

Although the service had a recruitment policy and process, including an induction checklist, the full occupational health record for exposure prone procedures could not be evidenced for one practitioner. Appropriate health clearance checks must be carried out and evidenced for all clinical staff (requirement 7).

The hand washing sink area was not clear of hand hygiene products to enable adequate cleaning and disinfection of the surfaces. These should be kept off the work surface, for example these could be wall mounted (recommendation l).

We noted that local anaesthetic information had not been recorded for all treatments in the patient care records we reviewed. It is important that this type of information is recorded in patient care records, including the name of the anaesthetic used, the dosage and batch numbers (recommendation m).

Patient consent was only obtained verbally. Given the risks with endodontic treatment, it would be beneficial for patients to provide written consent for treatment provided (recommendation n).

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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 before the inspection. We discussed with the service the importance of completing a self-evaluation before an inspection (recommendation o).

Requirement 5 – Timescale: by 21 April 2024

- The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system and consider a refurbishment programme to upgrade this.

Requirement 6 – Timescale: by 21 April 2024

- The provider must carry out a risk assessment on the clinical hand wash sinks in the dental surgery and decontamination room to mitigate against any risk associated with using non-compliant clinical hand wash sinks and consider a refurbishment programme to upgrade them.

Requirement 7 – Timescale: by 21 March 2024

- The provider must undertake the appropriate health clearance checks needed for exposure prone procedures for the clinical staff member identified during the inspection.

Recommendation l

- The service should ensure that the hand washing sink area is clear of hand hygiene products to enable adequate cleaning and disinfection of the surfaces.

Recommendation m

- The service should ensure that detailed information about medicines administered to patients, such as local anaesthetic, is recorded in patient care records.

Recommendation n

- The service should obtain written consent from patients when undertaking endodontic treatment.

Recommendation o

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



Before

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.



During

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

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.



After

More information about our approach can be found on our website:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.ihtregulation@nhs.scot

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