



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: New Life Teeth, Edinburgh

Service Provider: New Life Dental Limited

1 February 2024

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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 20 November 2020 and 25 February 2021

Requirement

The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must review and improve its practice in relation to:

- a) patient consent*
- b) data protection regulations, and*
- c) legionella and water supplies.*

Action taken

A range of standard consent form templates and data protection policies had now been implemented that set out how the service would comply with data protection regulations. The service was now 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. A legionella risk assessment had been undertaken and procedures were in place to manage the risk of legionella bacteria in the water supply. **This requirement is met.**

Requirement

The provider must implement a system to ensure the appropriate level of Disclosure Scotland backgrounds checks are undertaken and Protecting Vulnerable Groups (PVG) scheme updates are received at regular intervals to ensure prospective employees are not included on the adults' list in the Protecting Vulnerable Groups (PVG) (Scotland) Act 2007.

Action taken

Some staff working in the service did not have evidence of appropriate background checks. **This requirement is not met** and is reported in Domain 7 (Quality control) (see requirement 6 on page 27).

Requirement

The provider must ensure that staff receive regular individual performance reviews and appraisals to make sure their performance is documented and evaluated.

Action taken

We saw that staff now had annual performance appraisals. These helped to identify training and development needs and opportunities. **This requirement is met.**

Requirement

The provider must continue to review its organisational and accountability arrangements to help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.

Action taken

An existing member of staff had been promoted into the role of practice manager. They now split their time between working as a dental nurse and organising the daily running of the service. We saw the rest of the team were supportive of the manager. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 20 November 2020 and 25 February 2021

Recommendation

The service should continue to develop a programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented.

Action taken

A one-off radiology record keeping audit had been undertaken in 2023. However, there was no regular programme of audits being carried out. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 24).

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 service's recruitment policy and induction checklist had still not been updated to include details about the types of health clearance checks that would take place before staff start working in the service. This is reported in

Domain 7 (Quality control) (see recommendation h on page 28). We found that appropriate background checks could not be evidenced for some staff. This is reported in Domain 7 (Quality control) (see requirement 6 on page 27). We also found that appropriate health clearance checks could not be evidenced for some staff. This is reported in Domain 7 (Quality control) (see requirement 7 on page 27).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had not implemented a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation g on page 24).

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 New Life Teeth on Thursday 1 February 2024. We spoke with a number of staff during the inspection. We received feedback from eight patients to an online survey we had asked the service to issue for us before the inspection.

Based in Edinburgh, New Life Teeth is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For New Life Teeth, 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 had a clear ethos which was available for patients to view. Staff were motivated to provide a high level of personal care to patients. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met. Regular, documented, staff meetings should be held.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient and staff feedback was actively encouraged and changes made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely.</p> <p>The service's website must be updated to provide information on how patients can make a complaint. Staff must undertake life support and medical emergency training.</p> <p>Local rules for the radiation equipment must be updated for treatment rooms one and three. The 3D X-ray scanner must be routinely tested in-house. A standard operating procedure must be developed for the platelet rich fibrin (PRF) machine.</p> <p>All clinical staff should be trained in duty of candour principles and annual reports should be produced and made available to patients. The clinical audit programme should be further developed to include sedation audits. A quality improvement plan should be implemented. Changes made as a result of patient feedback should be shared with patients.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>Patient care records were of a very good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Appropriate background and health clearance checks must be undertaken for all staff. Action must be taken to make necessary repairs to damaged equipment and the</p>	✓ Satisfactory	

environment. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.	
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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 New Life Dental Limited 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 10 requirements and nine recommendations.

Direction
Requirements
None
Recommendations
<p>a The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 17).</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>
<p>b The service should have more regular meetings with its team. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 17).</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
<p>1 The provider must amend its complaints procedure on its website to ensure it:</p> <ul style="list-style-type: none"> a) highlights the patient’s right to contact Healthcare Improvement Scotland at any time, and b) provides the full contact information for Healthcare Improvement Scotland (see page 22). <p>Timescale – by 17 May 2024</p> <p><i>Regulation 15(6) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

- 2** The provider must ensure that all clinical staff, including the clinic administration team, undertakes life support and medical emergency training and then continues to ensure that staff receive refresher training at appropriate intervals (see page 23).

Timescale – by 17 June 2024

Regulation 12(c)(ii)

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

- 3** The provider must ensure local rules for treatment rooms one and three are updated to detail the safe operating procedure for the handheld X-ray machines, taking into account the internal and external glass partitions (see page 23).

Timescale – immediate

Regulation 3(a)

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

- 4** The provider must ensure appropriate routine in-house quality control testing is carried out on the 3D scanner at all times (see page 23).

Timescale – immediate

Regulation 3(a)

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

- 5** The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine (see page 23).

Timescale – by 17 May 2024

Regulation 3(a)

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

Implementation and delivery (continued)

Recommendations

- c** The service should ensure patients are informed of any changes made to the service as a result of their feedback (see page 19).

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

- d** The service should produce a duty of candour report each year and make it available to its patients (see page 23).

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 ensure all clinical staff are trained in the duty of candour principles (see page 23).

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

- f** The service should further develop its clinical audit programme to cover key aspects of care and treatment. This should include a sedation audit. Audits should be documented, and improvement action plans implemented (see page 24).

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 and February 2021 inspection report for New Life Teeth.

- g** The service should develop and implement a quality improvement plan to help structure and record improvement processes and outcomes, and demonstrate how it measures the impact of change (see page 24).

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 and February 2021 inspection report for New Life Teeth.

Results

Requirements

- 6** The provider must ensure that appropriate Disclosure Scotland background checks are carried out:
- a) on all staff before they begin working in the service, and
 - b) on all staff currently working in the service.
- Checks must be recorded and retained on staff files (see page 27).
- Timescale – by 17 May 2024
- Regulation 8(2)(c)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
- This was previously identified as a requirement in the in the November 2020 and February 2021 inspection report for New Life Teeth.
-
- 7** The provider must ensure that appropriate health clearance checks are carried out:
- a) on all staff before they begin working in the service, and
 - b) on all staff currently working in the service.
- Checks must be recorded and retained on staff files (see page 27).
- Timescale – by 17 May 2024
- Regulation 3(a)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
- This was previously identified as a recommendation in the in the November 2020 and February 2021 inspection report for New Life Teeth.
-
- 8** The provider must repair the flooring in treatment room one and the dental chair back and seat covering in treatment room two (see page 27).
- Timescale – by 17 June 2024
- Regulation 3(d)(i)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)

Requirements

- 9** The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms will be upgraded to meet national guidance for specialised ventilation for healthcare services (see page 27).

Timescale – by 17 May 2024

Regulation 10(2)(c)

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

- 10** The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 27).

Timescale – by 17 May 2024

Regulation 3(d)(i)

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

Recommendations

- h** The service should update its recruitment policy to include details of the background checks and health clearance checks that will be carried out for healthcare workers during the recruitment process (see page 28).

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 and February 2021 inspection report for New Life Teeth.

- i** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 28).

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

New Life Dental Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at New Life Teeth 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 had a clear ethos which was available for patients to view. Staff were motivated to provide a high level of personal care to patients. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met. Regular, documented, staff meetings should be held.

Clear vision and purpose

The service provided a range of dental services, including implant dentistry, hygiene services and conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Patients could be referred to the service by their general dental practitioner or self-refer.

The service is part of a group of independently owned dental clinics across the UK. The provider's ethos and philosophy was its 'belief in changing people's lives for the better'. This had been published on the service's website, along with a comprehensive description of the treatments provided and the treatment journey that potential patients could expect.

The service's aim was to align with the provider's ethos by always offering a personalised service to each individual so that their treatment would always be centred around them and their exact needs. The practice manager told us the service actively sought highly trained staff that were motivated to uphold this ethos. We were told the service was planning to develop a defined vision and purpose in the year ahead, with staff being involved in this work.

What needs to improve

The service did not have a formalised strategy or any key performance indicators to inform its direction or measure its performance (recommendation a).

- No requirements.

Recommendation a

- The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these.

Leadership and culture

The service was provided by a team that included a number of dentists, dental nurses, a practice manager (who was also the registered manager and a dental nurse), a treatment co-ordinator and an administration team. A clinical lead based in the service also provided support to the clinical team and was a key support to the practice manager. An operations manager from another of the provider's services provided additional support through monthly visits to the service. Staff we spoke with were motivated to provide patients with a personal level of service and a high standard of care and treatment, and felt supported by the leadership team.

There was enough staff for the volume of work undertaken. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

Staff meetings were held at least every 3 months. This included full staff meetings and dental nurse sub-group meetings. Meetings were normally chaired by the practice manager.

What needs to improve

More regular staff meetings should be held to ensure staff are kept up to date and informed. Minutes of meetings should also identify staff members responsible for taking any actions forward to help ensure better accountability (recommendation b).

- No requirements.

Recommendation b

- The service should have more regular meetings with its team. A record of discussions and decisions reached at these meetings should be kept. These should detail 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

Patient and staff feedback was actively encouraged and changes made where appropriate. Patients were involved in planning their care. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely.

The service's website must be updated to provide information on how patients can make a complaint. Staff must undertake life support and medical emergency training.

Local rules for the radiation equipment must be updated for treatment rooms one and three. The 3D X-ray scanner must be routinely tested in-house. A standard operating procedure must be developed for the platelet rich fibrin (PRF) machine.

All clinical staff should be trained in duty of candour principles and annual reports should be produced and made available to patients. The clinical audit programme should be further developed to include sedation audits. A quality improvement plan should be implemented. Changes made as a result of patient feedback should be shared with patients.

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

Information about the treatments offered was available on the service's website. The service also used social medial channels to engage with its patients, such as introducing staff members and sharing patient testimonial videos.

A clear patient participation process was in place and staff actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, patients were asked for verbal feedback and were also given a card after each appointment with information on how to provide feedback and reviews using online review sites. Patients also received a text message after their appointment, with a link to a survey asking for their opinions on the service, and the care and treatment that they had received. Some patients were also asked for a written or video testimonial. Patients that agreed to provide these were asked for written

consent to work with a videographer to allow video content to be displayed on the service's social media channels.

The service employed a marketing company to review online patient feedback and reviews and social media testimonials. They tracked feedback and reviews to make sure any negative comments were responded to and actioned where appropriate. If any negative feedback was received, the practice manager would contact the patient to discuss their feedback. All patient feedback was shared with the team.

We were told about an example of a recent change the service had made due to patient feedback, where a patient did not like the protective dark glasses provided and found the dental chair uncomfortable on their neck. The service had provided a different style of protective glasses and a neck cushion for the patient.

The service requested staff feedback through a staff survey each year. Results were analysed and changes made where appropriate. Following the most recent survey, the service was repainted and a dedicated staff toilet provided. A new coffee machine had also been purchased and 'lunch Fridays' had been introduced, where the service paid for staff lunches on a Friday.

What needs to improve

Although changes had been made as a result of patient feedback, these changes were not always communicated to patients. Having a consistent approach to informing patients of positive changes made as a result of feedback would help demonstrate the impact their feedback has on improving the service (recommendation c).

- No requirements.

Recommendation c

- The service should ensure patients are informed of any changes made to the service as a result of their feedback.

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.

A range of policies, procedures and systems were in place to ensure patient care and treatment was delivered safely. Policies and procedures were held in electronic format and staff accessed them through the staff intranet.

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 equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the 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 service used two handheld intraoral X-ray machines to take radiographic (X-ray) images inside the mouth. There was also a dedicated room with an X-ray scanner that took 3D images of patients' teeth. All X-ray equipment was digital and radiographic images were stored securely on an electronic X-ray filing system. There was also a 3D intraoral scanner that took non-radiographic life-like images of patients' teeth.

Portable electrical equipment had been tested to ensure it was safe to use. Fire safety signage was displayed and fire safety equipment was appropriately maintained.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

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's complaints policy available in the service included up-to-date contact details for Healthcare Improvement Scotland. No complaints had been received by the service or Healthcare Improvement Scotland since it was registered in June 2018.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). A visiting anaesthetist provided this specialised procedure and had been suitably trained in the sedation techniques carried out.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients undergoing implant treatment were supported by the treatment co-ordinator in their treatment journey from initial consultation right through until discharge and for follow-up care.

Patients were provided with a comprehensive and detailed written treatment plan and estimates for treatment costs at their second consultation appointment. They were given time to discuss and ask questions about their treatment plan with the treatment co-ordinator, as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process.

Aftercare advice was given to all patients following treatment. Patients who had undergone more complex treatments such as oral surgery, implants or sedation treatments were also called the day after their treatment to check how they were feeling and if they needed any additional advice.

Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in the patient care records.

Patient care records were kept in electronic format on the practice management software system, and a suitable back-up system was in place in case of failure of the system. Access to the practice management software system and patient care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

An induction programme was in place for all new staff members. This included an introduction to key members of staff, and training on the service's policies and procedures. Some staff had been given the opportunity to carry out additional training such as sedation and implant training. The practice manager had recently started a practice managers' course which was being fully supported and funded by the provider.

The service provided regular training and professional development sessions for all referring practitioners and their teams. A range of training events that had been offered included restoration of implants and dental nurse implant training.

What needs to improve

Although the service's complaints policy available in the service included up-to-date contact details for Healthcare Improvement Scotland, the complaints procedure on the service's website did not highlight the patient's right to

contact Healthcare Improvement Scotland at any time or provide our contact details (requirement 1).

Some clinical staff had not completed their life support and medical emergency training (requirement 2).

The local rules for the mobile handheld intraoral X-ray machines in treatment rooms one and three did not detail how they could be safely used, taking into account the risks of accidental radiation exposure through the external and internal glass partitions (requirement 3).

There was no evidence that monthly in-house quality control testing had been carried out for the X-ray scanner that took 3D images, as detailed in the manufacturer's instructions for the safe operation of the equipment (requirement 4).

The service had a centrifuge machine for providing platelet rich fibrin (PRF) treatment. This involves taking a small sample of a patient's blood and using the centrifuge machine to separate the blood into its component parts. The fibrin part of the blood is then placed into the bone of the implant site to speed up the patient's healing process. However, there was no standard operating procedure in place for the using this equipment (requirement 5).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked (recommendation d).

Some clinical staff had not undertaken 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 e).

Requirement 1 – Timescale: by 17 May 2024

- The provider must amend its complaints procedure on its website to ensure it:
 - a) highlights the patient's right to contact Healthcare Improvement Scotland at any time, and
 - b) provides the full contact information for Healthcare Improvement Scotland.

Requirement 2 – Timescale: by 17 June 2024

- The provider must ensure that all clinical staff, including the clinic administration team, undertakes life support and medical emergency training and then continues to ensure that staff receive refresher training at appropriate intervals.

Requirement 3 – Timescale: immediate

- The provider must ensure local rules for treatment rooms one and three are updated to detail the safe operating procedure for the handheld X-ray machines, taking into account the internal and external glass partitions.

Requirement 4 – Timescale: immediate

- The provider must ensure appropriate routine in-house quality control testing is carried out on the 3D scanner at all times.

Requirement 5 – Timescale: by 17 May 2024

- The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine.

Recommendation d

- The service should produce a duty of candour report each year and make it available to its patients.

Recommendation e

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

Planning for quality

A range of risk assessments was in place, including a general health and safety risk assessment and a radiation risk assessment.

A business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

There was evidence of audits taking place for infection control, medical emergency drugs and equipment, and maintenance of the care environment. These were undertaken by different staff members and results shared with the rest of the team. We also noted a one-off radiology audit had been undertaken in 2023.

What needs to improve

Sedation audits were not being carried out. A formal review of patient care records and an audit of patients' treatment outcomes should also be included as part of the service's clinical audit programme. This would help staff identify gaps and plan actions and timescales for improvement (recommendation f).

The service had not developed a quality improvement plan. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

- No requirements.

Recommendation f

- The service should further develop its clinical audit programme to cover key aspects of care and treatment. This should include a sedation audit. Audits should be documented, and improvement action plans implemented.

Recommendation g

- The service should develop and implement a quality improvement plan to help structure and record improvement processes and outcomes, and demonstrate how it measures the impact of change.

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

Patient care records were of a very good quality. Patients spoke positively about the service delivered. The care environment and patient equipment were clean and well maintained. Appropriate background and health clearance checks must be undertaken for all staff. Action must be taken to make necessary repairs to damaged equipment and the environment. Risk assessments must be developed for the service's ventilation system, and clinical hand wash basins and taps.

The service was delivered from premises that provided a bright, modern environment for patient care and treatment. The fabric and finish of the building 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 was available.

We reviewed six electronic patient care records stored on the practice management software system. These were of a very good standard, detailing assessment and clinical examinations, treatment, aftercare information and communication with the referring clinician. Patient care records included a range of X-ray images which we found to be of good quality and well reported. There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to the patient.

Patients who completed our online survey said they were involved in decisions about their care and treatment and were given sufficient time to reflect on their treatment options before consenting to treatment. This helped to make sure they had realistic expectations. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘Everything was explained in detail before and after the implant surgery. The whole team was very clear and helpful with me during the whole process.’
- ‘I have never felt so comfortable at the dentist, and this is down to the team... They are excellent at what they do.’
- ‘The facilities and equipment are great. The environment created by the team is just excellent, it's like visiting family!’
- ‘I would recommend... to family and friends. Although it was a long and sometimes difficult process, it was worth it. I always felt the team wanted to do their best and get it right for me. They gave me the most wonderful smile and for that I will always be grateful.’

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 deadline for returning this year’s annual return occurred after the inspection date.

What needs to improve

At our previous inspection, we noted that appropriate background checks had not been carried out for some staff members before they started working in the service. We made a requirement for the provider to undertake appropriate background checks on staff before appointing them. During this inspection, we found that some staff did not have evidence of appropriate Disclosure Scotland background checks (requirement 6).

At our previous inspection, we made a recommendation for the service to make sure appropriate health clearance checks were carried out. During this inspection, we found that some staff did not have appropriate health clearance checks (requirement 7).

The flooring in treatment room one had a gap that needed to be resealed. The chair back and seat covering in treatment room two was also damaged to such an extent that adequate cleaning could not be carried out (requirement 8).

There was no evidence to demonstrate that the ventilation system in the treatment rooms met current guidance for ventilation in healthcare premises (requirement 9).

The clinical hand wash basins and taps in the treatment rooms and decontamination room did not meet current guidance about sanitary fittings in healthcare premises (requirement 10).

Although the service had a recruitment policy and induction checklist, it was not always following safe recruitment practice. The recruitment policy should be updated to detail the background checks and health clearance checks that will be carried out for healthcare workers (recommendation h).

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 i).

Requirement 6 – Timescale: by 17 May 2024

- The provider must ensure that appropriate Disclosure Scotland background checks are carried out:
 - a) on all staff before they begin working in the service, and
 - b) on all staff currently working in the service.Checks must be recorded and retained on staff files.

Requirement 7 – Timescale: by 17 May 2024

- The provider must ensure that appropriate health clearance checks are carried out:
 - a) on all staff before they begin working in the service, and
 - b) on all staff currently working in the service.Checks must be recorded and retained on staff files.

Requirement 8 – Timescale: by 17 June 2024

- The provider must repair the flooring in treatment room one and the dental chair back and seat covering in treatment room two.

Requirement 9 – Timescale: by 17 May 2024

- The provider must undertake a risk assessment that details how and when the ventilation in the treatment rooms will be upgraded to meet national guidance for specialised ventilation for healthcare services.

Requirement 10 – Timescale: by 17 May 2024

- The provider must undertake a risk assessment that details how and when the clinical hand wash basins and taps in the treatment rooms and decontamination room will be upgraded to meet current guidance about sanitary fittings in healthcare premises.

Recommendation h

- The service should update its recruitment policy to include details of the background checks and health clearance checks that will be carried out for healthcare workers during the recruitment process.

Recommendation i

- 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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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