



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** International Smiles, Burntisland

**Service Provider:** Natsmiles Limited

8 February 2024

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## 1 Progress since our last inspection

### What the service had done to meet the recommendations we made at our last inspection on 12 March 2021

#### Recommendation

*The service should undertake on-site training in the use of its decontamination facilities with training provided by NHS Education for Scotland (NES) or from a training provider that is to a similar standard.*

#### Action taken

Staff had recently carried out NHS Education for Scotland (NES) on-site infection control training.

#### Recommendation

*The service should ensure recycling waste is stored appropriately whilst awaiting uplift.*

#### Action taken

The service was now appropriately segregating and storing its recycling waste whilst it was waiting to be collected by the waste removal contractor.

#### Recommendation

*The service should ensure that all patients receive a written treatment plan and estimate of treatment costs as part of the consent to treatment process.*

#### Action taken

Patients now received a printed treatment plan that included estimated costs before their treatment started.

#### Recommendation

*The service should formalise its staff appraisal process to make sure staff's performance is documented and evaluated, and includes regular review of personal development plans.*

#### Action taken

The service had recently undertaken formal staff appraisals that included providing staff with a pre-appraisal questionnaire, scoring staff performance against their job description and setting goals for the year ahead.

**Recommendation**

*The service should develop and implement a quality improvement plan.*

**Action taken**

The service had now implemented a detailed quality improvement plan that set out planned areas for improvement, who was responsible for undertaking the planned actions and target dates for completion.

## **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 International Smiles on Thursday 8 February 2024. We spoke with a number of staff during the inspection. We received feedback from five patients through an online survey we had asked the service to issue for us before the inspection.

Based in Burntisland, International Smiles is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For International Smiles, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
The service had a set of aims and objectives to help achieve its identified vision. Regular staff meetings were held, and staff were motivated to provide a high level of personal care to patients. Key performance indicators to measure the service's performance should be identified and monitored.		✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures were in place to support the safe delivery of care and treatment. Key risk assessments had been carried out and a quality management system was in place. Patient feedback should be sought in a more structured way and used to improve the service. All clinical staff should be trained in duty of candour principles. The audit programme should be further developed.		✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
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. Safe recruitment processes were in place. A risk assessment must be developed for the service's clinical hand wash basins and taps.		✓✓ Good

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

More information about grading can be found on our website at:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

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](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Natsmiles 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 one requirement and four recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
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 11).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>b</b>	<p>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 improve the service (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>c</b>	<p>The service should ensure all clinical staff are trained in the duty of candour principles (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>
<b>d</b>	<p>The service should further develop its audit programme to include patient care record audits and patient treatment outcomes audits (see page 16).</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>

Results	
<b>Requirement</b>	
<b>1</b>	<p>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 rooms will be upgraded to meet current guidance about sanitary fittings in healthcare premises (see page 18).</p> <p>Timescale – by 26 May 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendations</b>	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:  
[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Natsmiles Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at International Smiles 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 set of aims and objectives to help achieve its identified vision. Regular staff meetings were held, and staff were motivated to provide a high level of personal care to patients. Key performance indicators to measure the service's performance should be identified and monitored.

#### *Clear vision and purpose*

The service provided general dentistry and dental prosthetics (dentures). Patients were often referred to the service by their general dental practitioner for dentures. Patients could also self-register to be seen by one of the general dentists.

The service had a clear vision and purpose of providing private dental care to the highest standard. Its aims and objectives to help achieve this vision and purpose included:

- promoting good dental health
- encouraging the prevention of dental decay, and
- providing a personal level of care with a desire to understand a patient's individual needs and improve the way they felt about their smile.

#### 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 small team led by a clinical dental technician, who was also the owner and registered manager. They were supported by a practice manager who was also a dental nurse. The rest of the team was made up of dentists and dental nurses.

Leadership was visible with the manager always being readily available and working within the service full time. Staff were motivated to provide a personal level of service and high standard of care and treatment for patients. It was clear there was a collaborative culture and a keenness to support each other to deliver the best level of care to patients.

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 regularly to discuss the day-to-day running of the service. These meetings had standing agenda items, including health and safety, and patient feedback. Minutes were shared with the full staff team. Staff told us the manager and practice manager provided good leadership, and that they worked hard to ensure staff felt supported.

- No requirements.
- No recommendations.

## 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 a quality management system was in place. Patient feedback should be sought in a more structured way and used to improve the service. All clinical staff should be trained in duty of candour principles. The audit programme should be further developed.**

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

Information about the treatments offered was available in leaflets which were available in the service's reception area. Patients could also contact the service through its social media page. We were told the service was currently developing its own website that would contain information about the service for patients.

As a small service, staff sought feedback from patients in an informal way by asking them about their experience immediately after their appointment. There was also a patient feedback box in the reception area where patients could post feedback. Patients were also encouraged to provide online reviews. Any online reviews were checked and responded to by the service. If any negative feedback was provided, the practice manager contacted the patient to discuss the feedback and, if appropriate, make improvements.

#### **What needs to improve**

There was no structured approach to involving patients in how the service developed and improved. While verbal and online methods to gather patient feedback was useful, it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service. A formalised process, for example a participation policy, would help the service demonstrate how it seeks patient feedback, and then analyses and uses it to help continually improve how the service is delivered. A participation 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 b).

- No requirements.

### **Recommendation b**

- 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 improve the service.

### ***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.

The service kept a comprehensive register of its policies and procedures. All were in date and were reviewed and updated regularly to reflect current legislation and best practice.

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 rooms were well equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination rooms. Staff knew the service's decontamination process and clear procedures were in place to ensure effective decontamination of instruments. During the inspection, a staff member demonstrated how the team safely processed instruments.

There was a dedicated room for the intraoral X-ray machine (used for X-rays taken inside the mouth). The X-ray equipment was digital and had a range of sensor sizes available to allow the most appropriate image to be recorded for each patient. All X-ray equipment had undergone the required safety assessments. We saw an 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 had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. All staff were up to date with medical emergency training.

The service's complaints policy was displayed in the waiting and reception areas and included information on the patient's right to contact Healthcare Improvement Scotland at any time. No complaints had been received either by the service or Healthcare Improvement Scotland since the service was registered in July 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. Duty of candour reports were produced each year and we saw the most recent report was available for patients to view in the reception area. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients were given verbal aftercare advice at the time of treatment and, for more complex treatments such as extractions, written aftercare advice was also provided.

Patient care records were kept in electronic format. Access to the service's practice management software system and care records was password protected. 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 appropriate recruitment and induction policy and process was in place, and an induction checklist was used to make sure staff were inducted into their role. This included an introduction to members of staff, key health and safety information and a tour of the service.

### **What needs to improve**

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 c).

A recent legionella risk assessment had been undertaken by a specialist contractor. They had recommended insulating some of the hot water pipes to reduce the risk of legionella bacteria growing. The service had booked this work to be carried out in the near future. We will follow this up at our next inspection.

An electronic installation condition report had recently been undertaken by a qualified electrician. They had recommended that a wire on the electrical distribution board was changed to a different colour. The service had already booked this work to be carried out in the near future. We will follow this up at the next inspection.

- No requirements.

### **Recommendation c**

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

### ***Planning for quality***

The service had developed and implemented a range of quality assurance policies that included quality management and clinical governance. These policies described the processes for ensuring patients and staff understood what to expect from the service and provider.

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

A business continuity plan was in place in the event that the service experienced 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. A suitable back-up system was in place in case of failure of the practice management software system.

There was evidence of audits taking place for radiology, medicine prescribing, hand hygiene, and medical emergency drugs and equipment. These were undertaken by different staff members and results shared with the rest of the team.

### **What needs to improve**

Further clinical audits should be undertaken to improve quality assurance. These should include a formal review of patient care records and an audit of patients' treatment outcomes. This would help staff identify gaps and plan actions and timescales for improvement (recommendation d).

- No requirements.

### **Recommendation d**

- The service should further develop its audit programme to include patient care record audits and patient treatment outcomes audits.

## 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. Safe recruitment processes were in place. A risk assessment must be developed for the service's clinical hand wash basins and taps.**

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. 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. The service submitted a satisfactory self-evaluation.

The service was delivered from premises that provided a bright, safe environment for patient care and treatment. The fabric and finish of the building was very good. At the time of our inspection, all clinical 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.

The service had a recruitment policy and procedure in place. We saw evidence of appropriate background checks and health clearance checks on staff files. An induction checklist was used as part of the induction process to ensure all necessary information was discussed with new staff.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a good standard, detailing assessment and clinical examinations, treatment and aftercare. There was

evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records included a range of X-ray images which we found to be of good quality and well reported.

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 options before consenting to treatment. This helped to make sure they had realistic expectations of proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘Each step of my treatment was explained thoroughly.’
- ‘A welcoming smile and friendly care make visiting this practice a pleasure.’
- ‘The facilities are spotlessly clean, comfortable and well equipped.’

### **What needs to improve**

The clinical hand wash basin and taps in the treatment rooms and decontamination rooms did not meet current standards about sanitary fittings in healthcare premises (requirement 1).

### **Requirement 1 – Timescale: by 26 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 rooms will be upgraded to meet current guidance about sanitary fittings in healthcare premises.
- No recommendations.

## 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](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.



After

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

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](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  
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**Telephone:** 0131 623 4300

**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
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