



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Scottish Dental Implants & Cosmetic  
Dentistry, Dundee

**Service Provider:** Zetta Elite UK Limited

11 January 2024

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

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# 1 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 Scottish Dental Implants & Cosmetic Dentistry on Thursday 11 January 2024. We spoke with a number of staff during the inspection. We received feedback from six patients through an online survey we had asked the service to issue for us during the inspection. This was our first inspection to this service.

Based in Dundee, Scottish Dental Implants & Cosmetic Dentistry is an independent clinic providing general, cosmetic and implant dentistry and a range of cosmetic treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Scottish Dental Implants & Cosmetic Dentistry, 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>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="228 488 1139 544"><b>Summary findings</b></th> <th data-bbox="1139 488 1422 544"><b>Grade awarded</b></th> </tr> </thead> </table>		<b>Summary findings</b>	<b>Grade awarded</b>
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<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		
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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](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 Zetta Elite UK 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 six requirements and 14 recommendations.

Direction	
Requirement	
1	<p>The provider must ensure that all staff who work directly with patients are registered with the General Dental Council or enrolled on a dental nurse trainee programme (see page 14).</p> <p>Timescale – by 20 April 2024</p> <p><i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Direction (continued)	
Recommendations	
<b>a</b>	<p>The service should develop measurable key performance indicators and a process for measuring these to check they are being met (see page 13).</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>
<b>b</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 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
<b>2</b>	<p>The provider must update its complaints policy to make clear that patients have the right to contact Healthcare Improvement Scotland at any time. Full contact details for Healthcare Improvement Scotland must also be detailed in the procedure (see page 19).</p> <p>Timescale – by 20 April 2024</p> <p><i>Regulation 15(6)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>3</b>	<p>The provider must develop and implement a medicines management policy that sets out how the service procures, receives, stores, prescribes, administers and disposes of medicines (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</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 the X-ray scanner is appropriately tested in-house or arrange for an annual performance test to be carried out by an external specialist contractor (see page 19).

Timescale – immediate

*Regulation 3(a)*

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

- 5** The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service (see page 19).

Timescale – immediate

*Regulation 8*

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

### Recommendations

- c** The service should develop a patient engagement strategy that sets out a structured way for obtaining patient feedback and using it to improve the service (see page 16).

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 implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (see page 16).

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 an appropriate back-up protocol in case the autoclave malfunctions or stops working (see page 19).

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

## Implementation and delivery (continued)

### Recommendations

**f** The service should ensure its complaints procedure is available in the reception area and on its website (see page 19).

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

**g** The service should ensure a range of image receptor sizes is available to maximise comfort for all patients and facilitate the best possible positioning (see page 19).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.21

**h** The service should ensure that all clinical staff are trained in the duty of candour principles (see page 19).

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

**i** The service should produce and publish an annual duty of candour report (see page 19).

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

**j** The service should further develop its audit programme to include radiology audits, patient care record audits and patient treatment outcomes audits (see page 20).

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 20).

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 (continued)

### Recommendations

- l** The service should assign at least one staff member responsible for fire safety management and legionella management within the service and ensure that appropriate fire marshal and legionella management training is provided to enable them to undertake this role (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

## Results

### Requirement

- 6** The provider must carry out a risk assessment on the clinical hand wash basin and taps in the decontamination room to mitigate any risk associated with using non-compliant basins and taps and consider a refurbishment programme to upgrade these (see page 23).

Timescale – by 20 April 2024

*Regulation 3(d)(i)*

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

### Recommendations

- m** The service should ensure that patient care records consistently contain all the necessary information for each patient interaction (see page 23).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

- n** The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland (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

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)

Zetta Elite UK 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 Scottish Dental Implants & Cosmetic Dentistry for their assistance during the inspection.

## 2 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's mission was to provide patients with the highest standards of implant and advanced dental care. Staff were motivated to provide a high level of personal care to patients. However, all clinical staff must meet current General Dental Council guidelines if they are directly treating patients. Measurable key performance indicators should be developed 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 described its mission on its website 'to provide patients with the highest standards of implant and advanced dental care'. Its aims and objectives included to:

- provide a high quality and range of dental services to the whole community
- offer patients a friendly and professional service
- explain the diagnosis to patients in detail
- refer to appropriately qualified specialist dental practitioners where necessary
- keep patients informed of costs and discuss treatment progress at each stage, and
- establish an individually developed personal dental health regime for each patient.

Patients could be referred by their dentist or self-refer to the service. Patients could also make appointments to directly access hygiene services themselves.

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

Despite the service having identified its mission and aims and objectives, there was no process for measuring these to check if they were being met. For example, identifying and regularly monitoring key performance indicators (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop measurable key performance indicators and a process for measuring these to check they are being met.

### ***Leadership and culture***

The service was provided by a small team that included the principal dentist (who was also the registered manager), a number of dental professionals and a treatment co-ordinator.

Leadership was visible with the principal dentist always being readily available and working in the service full time. Staff were motivated to provide a personal level of service and high standard of care and treatment to 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 told us that turnover had been an issue in the recent past but that the team had now been settled for a few months. The principal dentist told us they were keen to recruit an additional hygienist to allow for succession planning along with a further qualified dental nurse to support the growth of the service.

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.

### **What needs to improve**

Although most clinical staff were appropriately trained to work in a dental surgery, not all had received training that met current General Dental Council (GDC) guidelines. All clinical staff who work directly with patients alongside the dentist or hygienist must be registered with the GDC or be enrolled on a recognised dental nurse training course (requirement 1).

Whilst informal discussions were held regularly between staff, no staff meetings had taken place for several months. A regular, formal system of staff meetings should be introduced, with set agenda items such as recruitment, patient feedback and ongoing risk management. This will ensure that key areas of the service's operations are regularly monitored and discussed. Improvement actions should be recorded and monitored with the responsible person identified (recommendation b).

### **Requirement 1 – Timescale: by 20 April 2024**

- The provider must ensure that all staff who work directly with patients are registered with the General Dental Council or enrolled on a dental nurse trainee programme.

### **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.

The complaints policy must be amended to highlight the patients' right to contact Healthcare Improvement Scotland at any time. A medicines management policy must be developed and implemented. Appropriate testing must be carried out on the X-ray scanner. Appropriate checks must be carried out before staff start working in the service.

A range of image receptor sizes should be used for taking intraoral images. A back-up protocol should be in place in case the autoclave malfunctions.

The audit programme should be further developed, and a quality improvement plan should be implemented.

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

Key information about the treatments offered was available on the service's website and in patient information leaflets in the reception area. A range of oral health information leaflets were also provided to patients to take home.

#### What needs to improve

Feedback was sought from patients in an inconsistent and informal way by asking patients to provide a review of their care on online review sites or on the service's social media page. This meant it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service. A patient engagement strategy would provide a more structured way of seeking patient feedback and using it to improve how the service is delivered. For example, by setting 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 c).

There was no structured way of seeking the views of staff. For example, regular staff surveys would help the service identify suggestions and ideas for improvement (recommendation d).

- No requirements.

### **Recommendation c**

- The service should develop a patient engagement strategy that sets out a structured way for obtaining patient feedback and using it to improve the service.

### **Recommendation d**

- The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered.

### **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 (principal dentist) 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.

A range of policies and procedures were in place to ensure the safe delivery of care and treatment. All were in date and reviewed regularly to ensure they reflected 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 room was equipped with a washer disinfectant and an autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms 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.

Both treatment rooms had intraoral X-ray machines (used for X-rays taken inside the mouth). There was also a dedicated room that had an X-ray scanner that took 3D images. The X-ray equipment was all digital. 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.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen, and all staff received regular medical emergency training.

All patients had a face-to-face consultation for larger treatments to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment to ensure patients were involved in planning their treatment. This included obtaining consent to treatment and providing patients with written information if appropriate. An 'Understanding Care' form was completed before the consent form to make sure patients understood what they were consenting to. Patients who did not want to see a dentist before receiving hygiene treatment were required to complete a consent form before any hygiene treatment was provided.

Patients were given verbal aftercare advice at the time of treatment and, for more complex treatments such as implants, written aftercare advice was also provided. Patients who had undergone longer complex treatments were called after their treatment to see how they were feeling and if they required any additional advice.

Patient care records were kept in electronic format. Access to the practice management 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) to make sure confidential patient information was safely stored.

We were told all new members of staff had an induction to the service. This included an introduction to key members of staff as well as a requirement to complete a range of external online induction modules.

Staff appraisals had not been undertaken recently due to staff turnover. However, we were told plans were in place to restart appraisals for new staff that had started working in the service within the past year. This will help to identify staff training and development needs and opportunities.

## **What needs to improve**

The service's complaints policy did not set out the patients' right to contact Healthcare Improvement Scotland at any time or provide contact details for how to do this (requirement 2).

There was no medicines management policy in place to detail how the medicines stored in the service were used. For example, the responsibilities of staff, what types of medicines will be held in stock, and how medicines will be ordered, stored, prescribed and disposed of (requirement 3).

Although the X-ray scanner that took 3D images had a maintenance contract, there was no evidence of in-house testing or an annual performance test carried out by an external specialist contractor (requirement 4).

Although the service had a recruitment policy and procedure, it was not always followed. Some staff did not have evidence of Disclosure Scotland checks or appropriate health clearance checks on their staff file (requirement 5).

There was no back-up system in place for the autoclave, in case this equipment malfunctioned or stopped working (recommendation e).

Information about how to make a complaint should be available in the reception area and on the service's website so patients can easily access this (recommendation f).

The service had only one size of intraoral image receptor (used when X-rays are taken). This meant that some patients had to accommodate a larger than necessary X-ray image receptor. This could impact on the quality of the image due to the positioning of the receptor in their mouth. Although the service also had a 3D scanner which could take sectional images of teeth if needed, having multiple sizes of image receptor would be more comfortable for patients when the 3D scanner is not used (recommendation g).

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 h).

Clinical staff had also 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).

### **Requirement 2 – Timescale: by 20 April 2024**

- The provider must update its complaints policy to make clear that patients have the right to contact Healthcare Improvement Scotland at any time. Full contact details for Healthcare Improvement Scotland must also be detailed in the procedure.

### **Requirement 3 – Timescale: immediate**

- The provider must develop and implement a medicines management policy that sets out how the service procures, receives, stores, prescribes, administers and disposes of medicines.

### **Requirement 4 – Timescale: immediate**

- The provider must ensure that the X-ray scanner is appropriately tested in-house or arrange for an annual performance test to be carried out by an external specialist contractor.

### **Requirement 5 – Timescale: immediate**

- The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service.

### **Recommendation e**

- The service should develop an appropriate back-up protocol in case the autoclave malfunctions or stops working.

### **Recommendation f**

- The service should ensure its complaints procedure is available in the reception area and on its website.

### **Recommendation g**

- The service should ensure a range of image receptor sizes is available to maximise comfort for all patients and facilitate the best possible positioning.

### **Recommendation h**

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

### **Recommendation i**

- The service should produce and publish an annual duty of candour report.

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

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. The plan provided details of key contacts and contractors to contact to help reinstate services and information on how patients would be kept informed.

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

### **What needs to improve**

The clinical audit programme could be expanded to provide further monitoring of the safety of the care and treatments provided to patients. This could include a radiology audit, 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 j).

The service had not developed a quality improvement plan. This meant there was no structured way of identifying and recording improvement processes and outcomes. A quality improvement plan would help the service structure its approach, measure the impact of change and demonstrate a culture of continuous improvement (recommendation k).

Responsibilities for fire safety management and legionella management in the service was unclear. At least one staff member should be given overall responsibility for these and this person/s should undertake appropriate fire marshal training and legionella management training (recommendation l).

- No requirements.

### **Recommendation j**

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

### **Recommendation k**

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

### **Recommendation I**

- The service should assign at least one staff member responsible for fire safety management and legionella management within the service and ensure that appropriate fire marshal and legionella management training is provided to enable them to undertake this role.

## 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, a risk assessment must be developed for the service's clinical hand wash sinks and taps. Patient care records should contain all relevant information to demonstrate safe patient care.**

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 bright, modern environment for patient care and treatment. The fabric and finish of the building was very 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.

All patients that responded to our survey said they had received adequate information about their treatment, potential risks and benefits, expected outcome and costs. They were also satisfied with the facilities and equipment. Comments included:

- '[...] is very detailed in explaining what treatment is required before, during and after treatment and also arranged a return visit to check the outcome. The hygienist is the most caring practitioner and gives continual feedback during treatment and specific guidance and advice on how to keep my teeth and gums healthy.'
- 'The surgery is very new, clean and hygienic as is all of the equipment.'
- 'Everything from reception to care and treatment. Also speed of response for emergency care.'

### **What needs to improve**

The clinical hand wash basin and taps in the decontamination room did not meet current standards (requirement 6).

We reviewed eight patient care records and found these were inconsistently completed. Some of the records were found to be of an excellent quality, whilst others had gaps in the information recorded. For example, details such as the charting of the teeth present and missing teeth, recording the patient's medical history and the treatment provided was missing. A template patient care record may help to ensure all areas of the record are completed (recommendation m).

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 when requested to do so (recommendation n).

### **Requirement 6 – Timescale: by 20 April 2024**

- The provider must carry out a risk assessment on the clinical hand wash basin and taps in the decontamination room to mitigate any risk associated with using non-compliant basins and taps and consider a refurbishment programme to upgrade these.

### **Recommendation m**

- The service should ensure that patient care records consistently contain all the necessary information for each patient interaction.

### **Recommendation n**

- The service should complete and submit a self-evaluation when 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](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  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

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

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