

Announced Inspection Report: Independent Healthcare

Service: 3 Step Smiles, Glasgow

Service Provider: EDG Restore Limited

3 March 2022

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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 7 September and 26 October 2020

Requirement

The provider must ensure that all staff working in the service know how to set the air conditioning units to ensure air is being expelled externally and not being recycled back into the premises.

Action taken

Staff completed training on how to set the air conditioning to make sure that the air is expelled outside the building. **This requirement is met.**

Requirement

The provider must continue to improve the standard of record keeping, including for radiographic reporting, to ensure the minimum requirements of the combined practice inspection documentation are met.

Action taken

The standard of record-keeping had improved from our last inspection and included improved radiographic record-keeping. **This requirement is met.**

Requirement

The provider must ensure that all staff have the appropriate pre-employment checks carried out in line with relevant guidance before they start work in the service.

Action taken

While some progress had been made with carrying out pre-employment checks, not all staff had all the appropriate background checks completed. **This requirement is not met** (see requirement 3).

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

Progress had been made and we saw evidence that all employed staff had a formal appraisal that had been documented and feedback given to each staff member carried out in February 2022. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 7 September and 26 October 2020

Recommendation

The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Action taken

The service did not have an audit programme in place (see recommendation a).

Recommendation

The service should ensure that all treatment options discussed with the patient are clearly recorded in their patient care record.

Action taken

The provider had introduced a patient co-ordinator role and patients were given options verbally and in written format. A patient pack included information about risks and benefits to treatment, treatment options and costs of treatment. The patient co-ordinator also spoke with patients about their options and referred them back to the clinician for more information. All information provided to patients was also part of the patient care notes.

Recommendation

The service should consider moving to a single electronic patient care record system for storing and communicating patient information.

Action taken

Some patient information, including clinical patient notes had been moved into a more accessible system.

Recommendation

The service should review its governance and accountability arrangements to ensure senior members of the team help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.

Action taken

The service had clearer lines of responsibility in place. Senior members of the team in the service had improved their knowledge and understood more about their roles.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service did not have a quality improvement plan in place (see recommendation d).

Recommendation

The service should continue to formally record the minutes of practice meetings, including any actions to be taken forward and monitored, as well as identifying those responsible for these actions.

Action taken

Regular staff meetings were held. Minutes of these meetings were recorded with action points and people responsible for completing actions identified.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to 3 Step Smiles on Thursday 3 March 2022. We spoke with a number of staff during the inspection. We received feedback from one patient through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service did not submit a self-evaluation.

What we found and inspection grades awarded

For 3 Step Smiles, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Environment is safe, clean, well maintained and well equipped. All re-usable dental instruments were decontaminated (cleaned) on-site. Work surface areas should be de-cluttered for cleaning and disinfection. The provider must register with the regulatory authority for the manufacture of medical devices.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The team worked well together to support each other. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	Patient care records contained information about all aspects of assessments and treatments. Audits of patient care records should be carried out.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	Staff were suitably trained for their job role. Staff appraisals were recently carried out. However, not all staff had appropriate health and background checks completed.	

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

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect EDG Restore Limited to take after our inspection

This inspection resulted in three requirements and four recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a

condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

EDG Restore 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 3 Step Smiles for their assistance during the inspection.

3 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Environment safe, clean, well maintained and well equipped. All re-usable dental instruments were decontaminated (cleaned) on-site. Work surface areas should be de-cluttered for cleaning and disinfection. The provider must register with the regulatory authority for the manufacture of medical devices.

NHS dental services are inspected using the national Combined Practice Inspection Checklist to ensure the safe delivery of care. This checklist has a number of essential and best practice criteria for dental practices, including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We carried out the same combined practice checklist during this inspection. The essential and the majority of the best practice criteria on this inspection were met.

The service's on-site decontamination room was equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Service contracts were in place for this equipment. Dental nurses had been trained to carry out the decontamination (cleaning) and sterilisation of all re-usable patient equipment. Dental instruments could be safely and easily transported from the dental surgeries to the decontamination room. Staff had a full understanding of the practice's decontamination process and were able to show us how they safely processed instruments as part of our inspection. Where

appropriate, single-use patient equipment was used to prevent the risk of cross-infection.

Infection prevention and control policies and procedures were in place. These had been updated with COVID-19 policies and standard operating procedures. At the time of our inspection, the service was limiting the number of patients to the premises and the treatments it carried out. Aerosol-generating procedures were carried out in a limited way with appropriate fallow (downtime) time after the treatment to allow air and water droplets to settle. Alcohol-based hand rub was available at the entrance to the premises.

A range of radiological examinations could be carried out to aid treatment planning and treatment. Some of the dental surgeries had x-ray machines which had regular safety assessments completed and a detailed, up-to-date radiation protection file in place. Radiographic (x-ray) images were stored securely on a separate electronic patient care record system.

All staff normally completed practical training in the management of medical emergencies every year. While this training was overdue from the COVID-19 pandemic, staff carried out online medical emergency training until the face-to-face training could take place. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

Adequate systems and processes were in place to help make sure the care environment and equipment were safe. We saw maintenance contracts for fire safety. Appropriate electrical safety checks had been carried out and risk assessments were completed for radiation safety and health and safety.

What needs to improve

The worktops of the dental surgeries were full of equipment and their cables. This made the areas cluttered and difficult to effectively clean and disinfect. Sharps bins were also kept on the floor (requirement 1).

The service made devices for patients' teeth on-site which are classed as medical devices. This required it to be registered with the Medicines and Healthcare Products Regulatory Agency (MHRA) registration. However, the service was not registered with MHRA (requirement 2).

We saw limited evidence of audits carried out to review the safe delivery and quality of the service. For example, audits could include:

- infection prevention and control
- the quality of radiographic x-ray images, and

- patient care records.

An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation a).

The service had no evidence or information on how it managed adverse events. An adverse events policy should be in place that determines how the service would deal with an adverse event (recommendation b).

The service had a duty of candour policy. However, staff should receive training on the principles of duty of candour (recommendation c).

Requirement 1 – Timescale: by 5 June 2022

- The provider must reduce the number of cables on the work surfaces and ensure sharps bins are not placed on the floor but wall mounted above work surface height or on the work surface if space allows.

Requirement 2 – Timescale: by 5 June 2022

- The provider must register with the Medicines and Healthcare Products Regulatory Agency (MHRA).

Recommendation a

- The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation b

- The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events.

Recommendation c

- The service should provide training on duty of candour or provide information to staff on where to access training, such as online modules.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained information about all aspects of assessments and treatments. Audits of patient care records should be carried out.

The four electronic patient care records we reviewed were of reasonable quality, detailing:

- assessment
- clinical examination
- treatment
- aftercare information shared with the patient.

Patient care records included a range of good quality x-ray images. Written treatment plans were given to patients along with estimates for treatment costs. These records included signed patient consent documents, where appropriate.

Confidentiality protocols and data back-up systems were in place to manage patient information securely.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Staff were suitably trained for their job role. Staff appraisals were recently carried out. However, not all staff had appropriate health and background checks completed.

Staff we spoke with understood their individual roles, responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed to be resolved. Yearly appraisals were carried out, with staff to discuss their progress. Performance and development goals were set for each staff member.

Staff were supported with their training and development. All staff could request training and this was usually supported.

What needs to improve

Part of a safe recruitment process is making sure that an appropriate recruitment policy is in place. This must include health checks and the background checks required for all staff to make sure they are fit to work in an independent healthcare service. Not all staff working in the service had background checks completed and health clearance certification in place (requirement 3).

Requirement 3 – Timescale: immediate

- The provider must ensure that all staff employed or engaged to work in the service have appropriate health checks carried out and an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The team worked well together to support each other. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

Since our last inspection, we saw an improvement in the leadership and knowledge of the service manager and the staff. The service's preparation for our inspection was very good. The general administration of the service had improved since our last inspection.

We were told that patients were asked for their feedback after each treatment plan had been completed. Patients were encouraged to provide testimonials and give their feedback through social media and online reviews. The service manager reviewed this feedback and it was discussed at practice meetings. Improvements were made if appropriate. Staff said that the manager was visible, available and supportive.

What needs to improve

We were told that patient feedback and service improvement were discussed informally. However, the service did not have a formal system in place to track responses to feedback and any improvements made. A formal quality improvement plan would help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

- No requirements.

Recommendation d

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

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

- 1** The provider must reduce the number of cables on the work surfaces and ensure sharps bins are not placed on the floor but wall mounted above work surface height or on the work surface if space allows (see page 12).

Timescale – by 5 June 2022

Regulation 3(d)(i)

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

- 2** The provider must register with the Medicines and Healthcare Products Regulatory Agency (MHRA) (see page 12).

Timescale – by 5 June 2022

Regulation 3(d)(iii)

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- | | |
|-----------------|--|
| <p>a</p> | <p>The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 12).</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>This was previously identified as a recommendation in the September and October 2020 inspection report for 3 Step Smiles.</p> |
| <p>b</p> | <p>The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events (see page 12).</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>c</p> | <p>The service should provide training on duty of candour or provide information to staff on where to access training, such as online modules (see page 12).</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> |

Domain 7 – Workforce management and support

Requirement

- | | |
|-----------------|--|
| <p>3</p> | <p>The provider must ensure that all staff employed or engaged to work in the service have appropriate health checks carried out and an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 9(2)</i>
 <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
|-----------------|--|

Domain 7 – Workforce management and support (continued)	
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<p>d The service should develop and implement a quality improvement plan (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> <p>This was previously identified as a recommendation in the September and October 2020 inspection report for 3 Step Smiles.</p>	

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



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:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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