

# Announced Inspection Report: Independent Healthcare

**Service:** Albany Dental Care, Edinburgh

**Service Provider:** Albany Dental Care

16 September 2021

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# 1 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 Albany Dental Care on Thursday 16 September 2021. We spoke with four members of staff during the inspection. We received feedback from 28 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

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 submitted a comprehensive self-evaluation.

## What we found and inspection grades awarded

For Albany Dental Care, 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		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. The service met all of the criteria from the national dental practice inspection checklist used during this inspection.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan was used to help continuously improve the service delivered, and the care and treatment provided to patients.	✓✓ Good

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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare. Detailed information was provided to patients before and after their initial assessment appointments, and throughout the course of their treatment.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Safe recruitment and induction systems were in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out. However, a practicing privileges policy and agreements must be developed for all self-employed clinicians in the service.

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)

## **What action we expect Albany Dental Care to take after our inspection**

This inspection resulted in one requirement and one recommendation. 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 the requirement and recommendation.

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)

Albany Dental Care, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Albany Dental Care for their assistance during the inspection.

## 2 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**

**Patient care and treatment was delivered in a safe, clean, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. The service met all of the criteria from the national dental practice inspection checklist used during this inspection.**

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. All essential and best practice criteria on this inspection were met.

Patient care and treatment was provided in a clean and safe environment. The fabric and finish of the clinic was to a good standard. All areas were clean, tidy and well organised. Treatment rooms were well designed and fully equipped for the procedures offered.

The service's on-site decontamination room was well equipped with a washer disinfectant and two autoclaves 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 reusable patient equipment. A system for safely transporting instruments between treatment rooms and the decontamination room was followed. 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.

Infection prevention and control policies and procedures were in place. These had been updated to be in line with current COVID-19 guidance. Access to the premises was restricted and aerosol generating procedures were being carried out in a limited way with appropriate fallow time (downtime) after the treatment to allow air and water droplets to settle. Patients were contacted before their appointment to check they had no COVID-19 symptoms. Patients were greeted at the door on the day of treatment and completed a verbal COVID-19 questionnaire again. Alcohol-based hand rub was available at the entrance and all patients were asked to use this on entering and leaving the building. A limited number of chairs were available in the waiting room and clear markings for distancing were displayed on the floors and furniture. Patients did not remove their face mask until treatment was about to begin. Single-use patient equipment was used wherever possible to prevent the risk of cross-infection.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The dental surgeries had X-ray machines. All radiological machines had regular safety assessments and a detailed and up-to-date radiation protection file was in place. Radiographic (X-ray) images were stored securely on the electronic patient care records.

All staff carried out training in the management of medical emergencies every year. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

Good systems and processes were in place to make sure the care environment and equipment were safe. We saw maintenance contracts for fire safety, decontamination equipment and pressure vessels, such as sterilisers and dental compressors. Appropriate electrical safety checks were carried out, and health and safety and radiation safety risk assessments had been completed.



All patients who responded to our online patient survey rated their overall experience of using the service as excellent. Comments included:

- 'I really appreciate the patience I am shown when I attend. I never feel rushed and I always feel that I am being listened to.'
- 'The service from start to finish was first class. The text reminders of appointments are useful, staff welcoming and [...] was incredibly reassuring so felt I was in a safe pair of hands (which is what I want from a dentist).'
- 'Fabulous service. [...] is always very professional. It's always a thorough examination. Tells you what's going well and areas of the mouth to focus on.'

### What needs to improve

The service had an informal system in place to manage accidents, incidents and adverse events. However, an adverse events policy and accompanying process should be developed detailing how the service would deal with an adverse event. This should include how any lessons to be learned would be implemented and shared with staff (recommendation a).

- No requirements.

### Recommendation a

- The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events.

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments and aftercare. Detailed information was provided to patients before and after their initial assessment appointments, and throughout the course of their treatment.**

The service provided general, cosmetic and implant dentistry. Some types of orthodontic treatment were also provided. We reviewed six electronic patient care records stored on the practice management software system and found them to be of a very good standard.

The patient care records included:

- detailed assessment
- thorough clinical examination
- treatment options
- risks and benefits to treatment
- aftercare information, and
- a range of good quality X-ray images.

All patients had been given comprehensive written treatment plans before their treatment. Estimates of treatment costs were also provided in email or printed format. Patient care records included signed written consent documents for some treatments, such as implants. Written and verbal post-operative advice was also given to all patients.

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

The practice team carried out a range of patient care record audits, including clinical record-keeping, radiography and medical history. Trends or issues identified were examined at provider level and support or further training was provided to the practice or to an individual clinician where required.

The service had a suitable back-up system in case of failure of the practice management software system.

- 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

**Safe recruitment and induction systems were in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out. However, a practicing privileges policy and agreements must be developed for all self-employed clinicians in the service.**

A robust staff recruitment and induction process was in place. We saw evidence that staff had undergone relevant background and health clearance checks, including Protecting Vulnerable Groups (PVG) checks.

From speaking with staff, it was clear they understood, and had been suitably trained for, their individual roles. Staff also knew their own 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 took place where personal development plans were discussed and development goals set for each staff member.

The provider supported staff in their training and development. All staff were given 2 study days a year on full pay and were supported to attend courses and obtain certification. One staff member had recently obtained their dental nursing radiography certificate. We saw evidence that staff had continued to carry out online training and education during the time the practice was closed due to COVID-19. We saw examples where staff applied their newly-acquired knowledge to improve their practice, such as in developing and implementing new COVID-19 protocols and procedures.

The service currently employed a trainee dental nurse who was enrolled on an approved training course. The trainee dental nurse had recently passed their dental nurse exam and was awaiting registration with the General Dental Council. The service was fully supportive of the trainee and the trainee would continue to work in the practice while having ongoing support after qualification.

### **What needs to improve**

The service did not have a practicing privileges policy or individual agreement in place for the dentist granted privileges to practice from the service. Self-employed clinicians working in the service must have a practicing privileges agreement in place to make sure they are safe to practice from the service (requirement 1).

### **Requirement 1 – Timescale: 10 December 2021**

- The provider must develop and implement a practicing privileges policy and an individual practicing privileges agreement between the provider and each self-employed clinician.
  
- 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

**Leadership was visible, open, supportive and communicative. Staff met together regularly in a number of ways to identify how they could further improve the service and the patient experience. A quality improvement plan was used to help continuously improve the service delivered, and the care and treatment provided to patients.**

A wide range of meetings were held with different staff groups to help make sure the standard of communication and information-sharing was good. The management team met every month. Practice meetings were held every 3 months and dental nurse meetings were also held every month. Minutes were recorded for all formal meetings, with actions clearly detailed and the minutes were circulated to all relevant staff. Clinicians met regularly with each other to discuss treatment planning and patient cases. The service had an open-door policy and clinicians regularly sought advice from each other.

One of the dentists was the chairperson of the local dental plan group and this involved working with other services to run an out-of-hours dental emergency service. They also regularly planned and held training and networking events for dentists and dental teams to help with professional development.

The dentist carrying out implants was a member of the Association of Dental Implantologists. This allowed them take part in additional training and development sessions related to implants and share learning from implant treatment cases.

The service had developed an extensive quality improvement plan and this included:

- creation of a new dental surgery to support patient demand for dental treatment
  - improving the decontamination room with upgraded equipment, and
  - improving the staff area to increase changing space for staff.
- 
- No requirements.
  - No recommendations.

## 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	
None	
Recommendation	
a	<p>The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must develop and implement a practicing privileges policy and an individual practicing privileges agreement between the provider and each self-employed clinician (see page 12).</p> <p>Timescale – by 10 December 2021</p> <p><i>Regulation 8</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	



## 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](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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://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

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

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