

Announced Inspection Report: Independent Healthcare

Service: Art of Dentistry, Prestwick

Service Provider: Clyde Dental Practice Limited

6 September 2022

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

© Healthcare Improvement Scotland 2022

First published November 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – Requirements and recommendations	17
	Appendix 2 – About our inspections	21
<hr/>		

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 Art of Dentistry on Tuesday 6 September 2022. We spoke with a number of staff and received feedback from five 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 three 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. Although requested, the service did not submit a self-evaluation before the inspection. OR We did not request a self-evaluation from the service before the inspection.

What we found and inspection grades awarded

For Art of Dentistry, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patient information was available in the service, on its website and patients were asked for their feedback informally. The complaints procedure must be updated and a structured patient participation process should be developed.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	<p>Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental combined practice inspection checklist were met and proactive systems were in place to make sure care was delivered safely. Recommendations made in the risk assessments for legionella and fire must be addressed. Governance around laser use must be improved. A gypsum waste removal contract must be obtained and the processes for laundering uniforms and cleaning instruments must be clearly separated. A vacuum autoclave must be provided for cleaning hollow instruments and the correct sensor size must be used for each patient.</p>	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	<p>The service was part of a larger dental group with some centralised services. Staff at the service worked well together as a team to support each other and spoke positively about internal leadership attitudes. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.</p>	✓ 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	Patients were involved in planning their treatment and patient care records contained a good standard information.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Processes were in place to safely recruit and induct new staff. All staff were suitably trained for their job role and actively kept their skills up to date. Recruitment procedures should be standardised to make sure appropriate immunisation information is obtained before employing new staff.

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 Clyde Dental Practice Limited to take after our inspection

This inspection resulted in seven requirements and three 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

Clyde Dental Practice 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 Art of Dentistry for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patient information was available in the service, on its website and patients were asked for their feedback informally. The complaints procedure must be updated and a structured patient participation process should be developed.

A patient information leaflet was emailed to every patient when their initial appointment was made. The service was in the process of going paperless and included more detail on its website.

Feedback was requested from patients following treatment and patients who received dental treatments involving sedation had a follow-up telephone call 24 hours after treatment. This allowed the service to monitor patient satisfaction with their care and provide any additional advice. A patient satisfaction survey was also given to some patients. The survey questions focused on different aspects of the patient journey and any feedback comments were discussed at staff coffee huddles.

All patients that responded to our survey said they received adequate information about treatment options, risks and benefits, costs and aftercare. They also said they had sufficient time to reflect on options before consenting to treatment. Comments included:

- 'They always provide information for aftercare at the reception before I leave. Everything from a hygienist visit to implant aftercare.'
- 'All treatment discussed in depth, full estimate of costs given.'
- 'I got a couple of different treatment plans to take away and decide in my own time.'

A duty of candour procedure described how the provider would meet its responsibility to be honest with patient if things went wrong. Staff had been trained in duty of candour principles.

What needs to improve

A written complaints procedure was available in the waiting area and on the service's website. However, it was a corporate policy that did not detail the correct complaint procedure for the service which treated private patients only. The policy instructed patients to complain to the Scottish Public Service Ombudsman if they were unhappy with the outcome of the services investigation into their complaint. This step only exists for public bodies, such as the NHS. The procedure also did not highlight the patient's right to contact Healthcare Improvement Scotland at any time (requirement 1).

Informal measures were used to encourage patient feedback and make improvements where possible. However, the service did not have a structured approach that demonstrated how it patient feedback is gathered, evaluated and used to improve the service (recommendation a).

The current version of the service's patient information leaflet contained out-of-date information. The service's website did not provide specific information about the treatments it offered. Staff told us that a marketing consultant had recently been appointed and that this action would be passed to them to address. We will follow this up at future inspections.

Requirement 1 – Timescale: by 15 November 2022

- The provider must amend its complaints procedure so that it is appropriate to the needs of its service users. All references to the SPSO must be removed and the patient's right to complain to HIS must be added, including full contact details.

Recommendation a

- The service should develop a formal patient participation process with a structured approach to gathering, evaluating and using patient feedback, to demonstrate how it involves patients in improving service delivery.

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 and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental combined practice inspection checklist were met and proactive systems were in place to make sure care was delivered safely. Recommendations made in the risk assessments for legionella and fire must be addressed. Governance around laser use must be improved. A gypsum waste removal contract must be obtained and the processes for laundering uniforms and cleaning instruments must be clearly separated. A vacuum autoclave must be provided for cleaning hollow instruments and the correct sensor size must be used for each patient.

NHS dental services are inspected using the national Combined Practice Inspection and Sedation Practice Inspection Checklists to ensure the safe delivery of care. These checklists have 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 used the same combined practice and sedation practice inspection checklists during this inspection. All essential and the majority of the best practice criteria on this inspection were met.

Patient care and treatment was delivered in a clean and safe environment. The fabric and finish of the building was good and all areas were clean, tidy and well organised. The service's two treatment rooms were well designed and fully equipped for the procedures offered. All patients that responded to our survey

said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'The practice is a pleasure to visit as all possible comforts and modern facilities and equipment are provided, which makes for a positive experience.'
- 'Everything is spotlessly clean and tidy. The environment is very nice.'

The service had a proactive approach to making sure care was delivered in a safe environment that met people's needs and minimised risk. Key risk assessments had been carried out, for example for legionella and radiation. Appropriate fire safety, gas safety and electrical safety checks were carried out. Infection prevention and control policies and procedures were in line with national best practice. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection and alcohol-based hand rub was available at the entrance to the premises.

The on-site decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment room and decontamination room. Staff knew the service's decontamination process and were able to show us how they safely processed dental instruments.

An x-ray machine was available for carrying out radiological examinations to aid treatment planning and treatment. The service had an up-to-date radiation protection file and radiographic (x-ray) images were stored securely on an electronic software programme.

A system was in place to record and manage accidents and incidents. 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. An audit programme was in place to monitor the implementation of key operating procedures and maintain a good standard of care and treatment.

What needs to improve

External contractors had carried out a legionella risk assessment and fire risk assessments. Both contractors had made recommendations for improvement which had not been addressed (requirement 2).

A dental laser was in use at the service. However, we did not see any evidence of:

- proof of appointment of a competent laser protection advisor
- local rules for the laser, and
- core of knowledge training for the authorised users of the laser (requirement 3).

At the time of our inspection, the service was storing gypsum waste on the premises and had no immediate plans to dispose of it. The service must ensure that it has a specialised waste contract in place to dispose of the gypsum waste, when they are ready to do so (requirement 4).

The service provided two washing machines and a tumble dryer in the decontamination room for laundering staff uniforms. Decontamination rooms are designed for the reprocessing of instruments only. The service told us that uniforms were not laundered while the clinic was in operation and decontamination of instruments was taking place. The service must develop a standard operating procedure to detail its process for laundering staff uniforms (requirement 5).

When cleaning dental instruments, two types of autoclaves are used. Non-vacuum autoclaves are used for cleaning solid instruments and vacuum autoclaves for cleaning hollow instruments. While the service used both solid and hollow instruments, it only had a non-vacuum autoclave. This is not appropriate for cleaning hollow instruments, such as those used for dental implants (requirement 6).

The service had only one size of intra-oral direct sensor to take dental x-rays. This meant some patients could be exposed to more radiation than necessary (requirement 7).

We spoke with the team responsible for sedating patients during treatment. We encouraged staff in this team to retain evidence of sedation-related quality improvement activity. We also reminded staff that any sedation related significant events must be notified to Healthcare Improvement Scotland.

Requirement 2 – Timescale: by 8 February 2023

- The provider must address the recommendations made in the legionella risk assessment and fire risk assessment.

Requirement 3 – Timescale: by 8 February 2023

- The provider must:
 - (a) appoint a suitably competent laser protection advisor who is registered with the Association of Laser Safety Professionals*
 - (b) provide a copy of the local rules for the laser, and*
 - (c) provide evidence of Laser Core of Knowledge training for each authorised user of the laser.*

Requirement 4 – Timescale: by 15 November 2022

- The provider must implement a contract with a licensed specialist waste contractor for the collection and disposal of gypsum waste.

Requirement 5 – Timescale: by 15 November 2022

- The provider must implement a SOP for laundering staff uniforms.

Requirement 6 – Timescale: by 8 December 2022

- The provider must provide a suitable vacuum autoclave in the decontamination room, for the appropriate sterilisation of hollow instruments.

Requirement 7 – Timescale: by 8 December 2022

- The provider must ensure the correct sensor size is used for each patient to achieve adequate image quality, minimise the number of x-rays taken and minimise patient's exposure to radiation.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were involved in planning their treatment and patient care records contained a good standard information.

An electronic database was used for storing patient care records and the service was registered as a data controller with the Information Commissioner's Office.

Standardised consent forms were used for each type of treatment offered. In bigger treatment cases, such as implants the patient was asked to come back for another appointment after their initial assessment to go over their treatment plan again with the implant dental nurse and implant dentist. This gave the

patient lots of time to ask questions and consider their options before going ahead with treatment.

A clinic camera was used to take patients before and after photographs, which was held securely and a written record of the patients consent for taking photographs was kept. Patients were given a copy of their signed consent form to take away, as well as aftercare instructions where appropriate.

We looked at five patient care records and found that the standard of record keeping was good. Consent to treatment had been recorded and patients had been given enough time and support before consenting to treatment. All patients that responded to our survey said they felt involved in decisions about their care and treatment and had been given enough time to reflect on treatment options before they consented to treatment. Comments included:

- 'From start to finish I felt 100% involved in the process.'
 - 'I was able to go away with all details in order to consider which one I felt was appropriate for my needs/budget.'
-
- 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

Processes were in place to safely recruit and induct new staff. All staff were suitably trained for their job role and actively kept their skills up to date. Recruitment procedures should be standardised to make sure appropriate immunisation information is obtained before employing new staff.

A recruitment policy was in place that set out how recruitment would be undertaken. Checks were carried out before staff started in their role, including checking their professional registration status and background checks with Disclosure Scotland.

Staff understood their individual role and had been suitably trained for it. They were clear about the responsibilities of other team members and knew who to contact for information or to resolve an issue. The service manager spoke highly of their staff, praising their motivation and competence. They kept up to date with changes in legislation and best practice through online training courses and continuous professional development.

Staff Disclosure status was re-checked every 3 years following recruitment, with professional indemnity and professional registration status re-checked yearly.

Coffee huddles took place at the start of each shift and staff meetings were held each month. The service also had area meetings four times a year, where staff from other practices in the dental group came together to share learning.

What needs to improve

While the service had a system for checking staff immunisation status at recruitment, not all immunisation information held was consistent. Some of the clinical staff records we reviewed did not contain all the immunisation information expected (recommendation b).

- No requirements.

Recommendation b

- The service should standardise its recruitment procedures to ensure it has evidence of immunisation status for all new clinical staff before they are employed.

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 service was part of a larger dental group with some centralised services. Staff at the service worked well together as a team to support each other and spoke positively about internal leadership attitudes. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.

The service was part of a larger dental group which owned several dental practices across Scotland. Some parts of the service were therefore centralised, such as advertising, marketing and purchasing new equipment.

While the team was small, we saw an open and supportive culture with staff understanding their own and each other's responsibilities. Staff spoke highly of service leadership and told us they felt supported and encouraged to develop.

What needs to improve

No system was in place for reviewing the quality of the service being delivered. A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation c).

- No requirements.

Recommendation c

- The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients.

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 2 – Impact on people experiencing care, carers and families

Requirement

- 1** The provider must amend its complaints procedure so that it is appropriate to the needs of its service users. All references to the SPSO must be removed and the patient's right to complain to HIS must be added, including full contact details (see page 9).

Timescale – by 15 November 2022

Regulation 15

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

Recommendation

- a** The service should develop a formal patient participation process with a structured approach to gathering, evaluating and using patient feedback, to demonstrate how it involves patients in improving service delivery (see page 10).

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

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

Requirements

- 2** The provider must address the recommendations made in the legionella risk assessment and fire risk assessment (see page 13).

Timescale – by 8 February 2023

Regulation 3(d)(i)

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

- 3** The provider must:

- (a) appoint a suitably competent laser protection advisor who is registered with the Association of Laser Safety Professionals*
- (b) provide a copy of the local rules for the laser, and*
- (c) provide evidence of Laser Core of Knowledge training for each authorised user of the laser (see page 14).*

Timescale – by 8 February 2023

Regulation 3(d)(v)

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

- 4** The provider must implement a contract with a licensed specialist waste contractor for the collection and disposal of gypsum waste (see page 14).

Timescale – by 15 November 2022

Regulation 3(d)(iii)

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

- 5** The provider must implement a SOP for laundering staff uniforms (see page 14).

Timescale – by 15 November 2022

Regulation 3(d)(i)

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)

- 6** The provider must provide a suitable vacuum autoclave in the decontamination room, for the appropriate sterilisation of hollow instruments (see page 14).

Timescale – by 8 December 2022

Regulation 3(d)(i)

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

- 7** The provider must ensure the correct sensor size is used for each patient to achieve adequate image quality, minimise the number of x-rays taken and minimise patient's exposure to radiation (see page 14).

Timescale – by 8 December 2022

Regulation 3(a)

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

Recommendations

None

Domain 7 – Workforce management and support

Requirements

None

Recommendation

- b** The service should standardise its recruitment procedures to ensure it has evidence of immunisation status for all new clinical staff before they are employed (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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

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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org