

Announced Inspection Report: Independent Healthcare

Service: Clifton Dental Clinic, Glasgow

Service Provider: Portman Healthcare Limited

25 April 2023

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First published June 2023

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 6 May 2021.

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 Clifton Dental Clinic on Tuesday 25 April 2023. 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Clifton Dental Clinic, 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 feedback was positive and patients were actively encouraged to help improve how the service was delivered. Patient feedback was sought in a number of ways, and was regularly reviewed and shared with staff. Key information about the services offered was available and patients could easily access the service's complaints procedure. Annual duty of candour reports should be published.	✓✓ Good

Key quality indicators inspected (continued)		
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 and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. Proactive systems were in place to make sure care was delivered safely. The majority of the criteria from the national dental combined practice inspection checklist and all criteria from the sedation practice checklist were met. Flooring joints in all treatment rooms must be sealed to allow effective cleaning.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Comprehensive meeting structures and communication helped to share information with all staff. Information, such as updates or changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider provider group. Staff worked well together as a team to support each other and spoke positively about leadership. A robust governance structure along with a culture of continual improvement was evident.	✓✓✓ Exceptional

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	Patient care records provided information about all aspects of consultations, assessments, treatments, consents, costs and aftercare. Information on larger treatments such as implants and oral surgery 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. Regular staff appraisals were carried out and all staff had personal development plans. Staff were appropriately trained for their job role and had opportunities to develop.

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 Portman Healthcare Limited to take after our inspection

This inspection resulted in two requirements and two 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

Portman Healthcare 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 Clifton Dental Clinic for their assistance during the inspection.

3 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 feedback was positive and patients were actively encouraged to help improve how the service was delivered. Patient feedback was sought in a number of ways, and was regularly reviewed and shared with staff. Key information about the services offered was available and patients could easily access the service's complaints procedure. Annual duty of candour reports should be published.

Key information about the services offered was available on the service's website and in written information in the practice leaflet. A clear patient participation process was in place and the service gathered feedback from patients in a variety of ways. Patients were asked for their verbal feedback after every appointment. They were also sent a feedback survey after their treatment plan was complete. Patients were also encouraged to provide feedback through online reviews if they wished.

Two marketing professionals from the company's head office provided support to the practice team to ensure feedback was sought and reviewed daily. This team was responsible for reviewing patient feedback, online reviews and testimonials. These were recorded and monitored to ensure the practice manager responded to the feedback surveys and online reviews where appropriate. Any negative feedback was noted by the marketing team and practice manager and immediately discussed with the practice team. Feedback was also emailed to staff and discussed at practice meetings.

A complaints policy and process displayed in the waiting area and on the service's website made clear that patients could complain to Healthcare Improvement Scotland at any time. We saw that complaints made by patients had been dealt with according to the practice's complaints procedure.

Evidence of learning from patient feedback and complaints took place. This were discussed at staff meetings, and a newsletter about learning from complaints and significant incidents was produced at head office and sent to all staff in the company every 3 months. Feedback and complaints were also reviewed and included as part of the wider organisational quality improvement plan.

A duty of candour procedure was in place that explained how the service would meet its responsibility to be honest with patients if something went wrong. Key staff had been trained in duty of candour principles.

What needs to improve

We saw no evidence that duty of candour reports were being produced and published each year. Even if there have been no incidents requiring the need to implement the duty of candour procedure, a report is still required (recommendation a).

- No requirements.

Recommendation a

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

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. Proactive systems were in place to make sure care was delivered safely. The majority of the criteria from the national dental combined practice inspection checklist and all criteria from the sedation practice checklist were met. Flooring joints in all treatment rooms must be sealed to allow effective cleaning.

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

The service was delivered from premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was good and all areas were clean, tidy and well organised. The service's four treatment rooms were well designed and fully equipped for the procedures offered. Systems and processes were in place to make sure the care environment and equipment were maintained in safe condition, including detailed fire, electrical and water safety checks.

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

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. Contracts were in place to ensure all clinical waste was disposed of safely. Alcohol-based hand rub was available at the entrance to the premises and patients were encouraged to use this on entering the building. Patients were still asked if they had any COVID-19 symptoms the day before treatment and on entering the practice.

The dental surgeries had X-ray machines, and a specific X-ray machine for taking 3D images was also located in a separate dedicated room. This meant that radiological examinations could be carried out to aid treatment planning and treatment. 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. A dental microscope was used for endodontic (root treatment) procedures.

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

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). A number of the practice's dental clinicians and a visiting clinician were able to provide this service. The sedation team had completed additional life support training and had been suitably trained in the sedation techniques carried out.

Systems and processes were in place to make sure the care environment and equipment were safe. We saw maintenance contracts for decontamination equipment and pressure vessels, such as sterilisers and dental compressors. Health and safety, legionella and radiation safety risk assessments had been completed. The suction motor in treatment room 4 had had its ventilation altered to improve its performance. As part of this work, we were told that a new bacterial filter had been ordered. This filtration device will help to make the air cleaner.

The service is part of a wider group of UK dental practices. We saw that an audit programme was in place and that audit results were shared and collated centrally. These were then reviewed and feedback provided to the practice

team, and to all the practices in the wider provider group, to help learning and improvement. Any trends or issues identified were examined at a corporate level, and support or further training was provided to the practice or to an individual clinician, where required.

What needs to improve

Although the flooring in treatment room 4 was in good condition, the joints in the flooring had not been sealed. This would make it difficult to clean the floor effectively (requirement 1).

Some clinical hand wash basins and taps in the service did not comply with current Scottish guidance about sanitary fittings in healthcare premises. In particular, the clinical hand wash basin in the decontamination room was too small to perform appropriate hand hygiene. The clinical hand wash basin in the decontamination room must be replaced, and a refurbishment plan developed to ensure that all clinical hand wash basins and taps meet current guidance (requirement 2).

The dental microscope in treatment room 3 should be covered when not in use or removed to a store room to avoid aerosol contamination. At the time of inspection, the cover could not be located (recommendation b).

An ultrasonic teeth cleaning unit had been removed from service in treatment room 2. A back-up unit was being used with a single handpiece barrel. Although the handpiece was covered during use, it is best practice to have multiple barrels to allow for appropriate cleaning between each use. We were told that a new and more advanced model of teeth cleaning unit had been ordered to replace the current one. We will follow this up at the next inspection.

The last electrical installation condition report had been carried out in February 2022. The installation had been marked as unsatisfactory and several improvements had been identified. During the inspection, we noted that some outstanding work was still to be carried out. The service had a plan in place to complete the outstanding work. We will follow this up at the next inspection.

We discussed ventilation in the service with the practice manager and were told a ventilation assessment would be undertaken in the near future. We will follow this up at the next inspection.

Requirement 1 – Timescale: by 31 July 2023

- The provider must ensure the flooring joints in treatment room 4 are sealed.

Requirement 2 – Timescale: immediate

- The provider must:
 - a) install an appropriate clinical hand wash basin in the decontamination room that meets *Scottish Health Technical Memorandum (SHTM) 64 Sanitary Assemblies*, and
 - b) develop a refurbishment plan that sets out how the remaining clinical hand wash basins and taps will be upgraded, within a reasonable timeframe, to meet *Scottish Health Technical Memorandum (SHTM) 64 Sanitary Assemblies*.

Recommendation b

- The service should ensure the dental microscope is either appropriately covered or removed from the treatment room when not in use.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records provided information about all aspects of consultations, assessments, treatments, consents, costs and aftercare. Information on larger treatments such as implants and oral surgery was provided to patients before and after their initial assessment appointments, and throughout the course of their treatment.

The majority of patient referrals to the service were received electronically from dental practitioners through a form on the practice's website. Patients could also self-refer to the service. Any referring practitioners received an acknowledgment of their referral and regular communication was maintained at each stage of the patient journey.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients undergoing implant treatment had access to the treatment co-ordinator who supported them from initial consultation right through until discharge and with any follow-up care. Patients were given time to discuss and ask questions about their treatment plan with the treatment co-ordinator as well as being given the opportunity to ask questions to the treating practitioner before, during and after the consent process. We saw evidence in the patient care records that the risks and benefits of all appropriate treatment options were provided to patients.

A welcome pack was provided to every patient after their assessment appointment. This included written treatment plans, detailed estimates for treatment costs and patient education leaflets such as hygiene instruction information that related specifically to the needs of the patient.

Post-operative advice was also given to all patients. Patients who had undergone oral surgery treatments were also called the day after their treatment to check how they were feeling.

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.

We reviewed six electronic patient care records stored on the practice management software system. These were of a very good standard, detailing assessment and clinical examinations, treatment and aftercare information. Patient care records included a range of X-ray images which we found to be of good quality and well reported.

The practice team carried out a range of patient care record audits, including clinical record keeping, radiography, periodontal (gum health) status, treatment course completion and dental implant success. These were carried out every 6 months.

The service had a suitable back-up system in case of failure of the practice management software system. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

- 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. Regular staff appraisals were carried out and all staff had personal development plans. Staff were appropriately trained for their job role and had opportunities to develop.

We saw safe staff recruitment processes were in place and had been followed. For example, all staff had relevant background and Protecting Vulnerable Groups (PVG) checks carried out and professional indemnity insurance in place.

We saw that the team supported new employees, and an induction plan and checklist were used. The service had recently recruited a trainee dental nurse and was supporting them on their learning journey. Staff appraisals were carried out every year to help identify training and development needs and opportunities. Reviews were also carried out every 3 months to check staff progress towards their personal development goals. Staff told us they felt supported to carry out further training and education. For example, the service had arranged for one of the dental nurses to attend a sedation course to enhance their skills.

Staff we spoke with were very motivated and willing to take on additional responsibilities. They understood their individual role and had been suitably trained for it. They were clear on the responsibilities of other team members and knew who to contact if they needed information or if an issue needed to be resolved.

All staff had free access to an online suite of training and education courses that covered areas such as:

- health, safety and wellbeing at work
- clinical care
- safeguarding (public protection), and
- dental ethics.

The service supported staff to complete further training as part of their own ongoing development, as well as helping to support the overall development and improvement of the service.

- No requirements.
- 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

Comprehensive meeting structures and communication helped to share information with all staff. Information, such as updates or changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider provider group. Staff worked well together as a team to support each other and spoke positively about leadership. A robust governance structure along with a culture of continual improvement was evident.

The service is part of a wider group of over 200 dental practices across the UK. A central team, which included compliance, regulatory, operational and clinical leads, supported the dental practices and practice managers in running their services. A clinical lead was assigned for every practice and a regional clinical lead to specifically support clinicians, where required. The provider regularly communicated and shared guidance with services to support them to keep up to date with any emerging dental and clinical issues.

A wide range of meetings were held regularly with different staff groups to ensure effective communication and information sharing. This included clinician meetings, practice meetings, dental nurse and receptionist meetings. The practice manager also had meetings with other practice managers from the wider provider group of practices. Similarly, the clinicians also met with other clinicians from the wider provider group. Minutes, with actions clearly detailed, were recorded and shared with all staff from all meetings.

A quality assurance approach in the service was evident. At a corporate level, quality, compliance, and governance and risk teams reviewed and benchmarked each practice's performance. This helped to drive improvement based on the results submitted by each service. Compliance and consistency in approach to operational and quality improvement was managed on an electronic system.

The service was supported by the provider's quality and compliance teams. These teams worked with the practice team and regularly visited to support and assist the service to implement changes if required.

All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on this system. The results were compared at a national level and then shared with all practices. Any lessons learned were discussed with staff at practice meetings. Every 3 months, all staff received a report which gave examples and learning from the past 3 months from near misses, incidents and adverse events that had happened at any of the group practices and beyond. Staff told us they found this really useful to learn and help drive improvement in the service.

The provider's annual corporate plan described its overarching themes and priorities as learning, feedback and improving. This report was disseminated to practice managers and the practice teams. This approach allowed the provider to benchmark between practices, allowing good practice to be shared to help improve how services were delivered. The provider is part of the Association of Dental Groups, and also shares information and knowledge with other dental groups to allow further benchmarking to take place.

The service's staff numbers had recently been impacted by changes in the number of clinicians delivering care due to retirement, sickness and promotion. The service was hoping to restart its regular long-standing training and continuing education sessions for dental practitioners who refer into the service that had been provided for many years. This included training in endodontic training (root canal treatment and other procedures for treating the inside of teeth) and for restoring dental implants. We were told this training had been temporarily paused until a stable base of treating clinicians had been established.

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

Requirements

None

Recommendation

- a** The service should produce and publish an annual duty of candour report (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

- 1** The provider must ensure the flooring joints in treatment room 4 are sealed (see page 13).

Timescale – by 31 July 2023

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)

Requirements

- 2** The provider must:
- a) install an appropriate clinical hand wash basin in the decontamination room that meets *Scottish Health Technical Memorandum (SHTM) 64 Sanitary Assemblies*, and
 - b) develop a refurbishment plan that sets out how the remaining clinical hand wash basins and taps will be upgraded, within a reasonable timeframe, to meet *Scottish Health Technical Memorandum (SHTM) 64 Sanitary Assemblies* (see page 14).

Timescale – immediate

Regulation 3(d)(i)

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

Recommendation

- b** The service should ensure the dental microscope is either appropriately covered or removed from the treatment room when not in use (see page 14).

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

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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or email his.contactpublicinvolvement@nhs.scot

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