

# Announced Inspection Report: Independent Healthcare

**Service:** Centre for Implant Dentistry, Glasgow

**Service Provider:** Centre for Implant Dentistry Ltd

23 May 2023

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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 10 May 2021

#### Requirement

*The provider must ensure staff have completed 'core of knowledge' safety training for operators of the laser.*

#### Action taken

The laser is no longer in use and has been removed from use. **This requirement is no longer applicable.**

### What the service had done to meet the recommendations we made at our last inspection on 10 May 2021

#### Recommendation

*The service should formally record the minutes of management meetings, including actions to be taken forward and monitored.*

#### Action taken

The service recorded minutes of all management meetings, with documented actions and date of completion of actions.

#### Recommendation

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

#### Action taken

The service had not yet developed a quality improvement plan. This recommendation is reported in Quality indicator 9.4 (see recommendation b).

## 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 Centre for Implant Dentistry on Tuesday 23 May 2023. We spoke with a number of staff during the inspection. We received feedback from two patients 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 submitted a satisfactory self-evaluation before the inspection.

### What we found and inspection grades awarded

For Centre for Implant 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 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.	✓✓ 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. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. Systems were in place to make sure care was delivered safely. The service met all of the criteria from the national dental and sedation practice inspection checklists.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Leadership was open, visible and supportive with the practice owner (lead dental practitioner) and practice manager regularly present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan would help to continually review and develop the service.	✓✓ 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	Treatments were fully explained and discussed with patients. Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments and treatments, and aftercare.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Safe recruitment and induction systems were in place. Regular staff appraisals were carried out. Staff were appropriately trained for their job role and had opportunities for training and development.

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

More information about grading can be found on our website at:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality 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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Centre for Implant Dentistry Ltd to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for the 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Centre for Implant Dentistry 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**

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**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.**

Key information about the services offered was available on the service's website and in written information in the practice leaflet. Patients were given a welcome pack which contained a personal letter and also included health information advice, such as oral hygiene advice and implant information. 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 and to provide a testimonial of their experience if they wished. Patients were invited to provide an online review after completion of their treatment plan. A patient feedback and suggestion box was also available in the waiting area, along with feedback sheets. Patients could leave names or anonymous feedback on these sheets.

The practice manager regularly reviewed all patient feedback and all negative feedback was responded to. Any negative feedback was also promptly discussed with the team and, if required, personal reflections from the team were carried out. For example, a patient provided feedback that they did not always feel relaxed when the radio was played in the clinic. To address this, the service installed a TV that played relaxing music with relaxing photos and videos. We saw evidence of many 'thank you' cards from patients sent to the clinic to thank staff for the treatment and care that they had received.



A complaints policy and process displayed in the waiting area made clear that patients could complain to Healthcare Improvement Scotland at any time.

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. A yearly report had been produced and was available to view. Key staff had been trained in duty of candour principles.

#### **Area for improvement**

The service's website did not include information about how patients could make a complaint (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should publish its complaints procedure on its website so that patients can easily find information on how to make a complaint.

## 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

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**Patient care and treatment was delivered in a safe, clean and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. Systems were in place to make sure care was delivered safely. The service met all of the criteria from the national dental and sedation practice inspection checklists.**

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:

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

We carried out the same combined practice and sedation practice inspection checklists 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 very good standard. At the time of our inspection, all areas were clean, tidy and well organised. The service's dental surgeries were well designed and fully equipped for the procedures offered. Good 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 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. 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.

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 make sure 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.

The clinic had a handheld X-ray machine 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. Both 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.

Staff carried out yearly 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). The sedation team had completed additional life support training and had been suitably trained in the sedation techniques carried out.

Good systems and processes were in place to make sure the care environment and equipment were safe. Daily morning safety huddles took place at the start of the working day. These huddles discussed any potential challenging treatment cases, helped make sure all equipment and materials were available for patients and that everyone understood their responsibilities for the day.

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.

### What needs to improve

The service had externally-vented air conditioning, an air filter and natural ventilation from opening windows in the treatment rooms. However, an external ventilation assessment of the rooms had not yet been carried out. We discussed the benefits of arranging for a ventilation engineer to carry out a ventilation assessment to make sure the service met current national guidance on ventilation in healthcare premises. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

### Our findings

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

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**Treatments were fully explained and discussed with patients. Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments and treatments, and aftercare.**

The practice mainly carried out implant treatments. Patients attending the practice were self-referred or referred from their general dental practitioner for treatment. The majority of patient referrals were received electronically. Any referring practitioners received an acknowledgment of their referral and regular communication was maintained at each stage of the patient journey.

Patients were provided with a free consultation appointment, which would often include a mouth scan. Treatment options, risks and benefits as well as costs of treatment were discussed as part of the consultation and assessment process. Patients were provided with a follow-up email confirming their treatment plan, options of treatment, and the risk and benefits of treatments. Patients were able to discuss or ask questions about their treatment plan with the implant nurse or the administration team before making a decision to go ahead with treatment. Patients were asked to provide written consent for their treatment before any treatment commenced. Patients were also asked for their consent to share information with their GP.

A welcome pack was also 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 related specifically to the needs of the patient.

Post-operative advice was also given to all patients, along with emergency aftercare instructions. Patients who had oral surgery treatments were also called the day after their treatment to check how they felt.

Patients were regularly reviewed after their treatment with recall and hygiene appointments set at defined intervals, based on individualised patient risk assessment. 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 good standard, detailing assessment and clinical examinations, treatment, medicine dosage and batch number, 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 quality improvement activity. A recent sedation record audit was carried out to assess sedation records against current guidance. One of the practitioners also completed a significant event analysis of an incident that took place to understand if any lessons could be learned and any changes implemented to improve processes. The practice manager often asked team members to carry out self-reflections on their practice to identify if lessons could be learned and improvements made.

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. Staff were appropriately trained for their job role and had opportunities for training and development.**

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.

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. Staff 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.

Staff met each month to discuss the service and update the team on operational issues (such as patient feedback, current updates and any ongoing improvement work). Core meeting agenda items included certain aspects of the operations of the clinic, such as health and safety, and patient feedback.

Yearly appraisals were carried out for all staff, which helped to identify training and development needs, and new opportunities to learn and develop. Reviews were also carried out every 6 months to check the progress of the team members' development goals. Staff told us they felt supported to carry out further training and education.

Staff were encouraged to develop their knowledge and skills. The service financed courses for staff, such as those for:

- dental nurse sedation qualification
- dental radiography qualification, and
- impression-taking.

The clinic had recently invested in an online training portal for staff. All team members could then have free access to an online suite of training and education courses that covered areas such as:

- clinical treatments
- health and safety, and
- safeguarding (public protection).

- 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

**Leadership was open, visible and supportive with the practice owner (lead dental practitioner) and practice manager regularly present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan would help to continually review and develop the service.**

We noted a positive team culture, with staff telling us the practice owner (lead dental practitioner) and practice manager were visible, approachable and actively encouraged their contributions to developing and improving the service. One recent example of improvement following a staff suggestion was a change to a more efficient water filtering system in the decontamination room. From speaking with staff, it was clear the service had an open and 'no-blame', supportive culture.

The practice owner attended industry training events and was a member of a range of dental organisations. This included the Association of Dental Implantology. They had a strong interest in training and developing other dental practitioners and had significant experience teaching implant restore courses. The clinic provided free access to its 'refer and restore' programme for referring clinicians. As the 'refer and restore' course had developed, the lead implant nurse at the clinic had developed a training programme for dental nurses interested in being implant dental nurses. The lead implant nurse now provided training to dental nurses to support their dentists, who were restoring or placing implants.

The practice owner, with the practice manager's support, had a course approved to teach dentists about implant placement. This course was scheduled to begin later in 2023.



### **What needs to improve**

We saw evidence of clear systems and processes to monitor, manage and review the quality of care provided in the service. However, a formal quality improvement plan would help the service structure and record improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

### **Recommendation b**

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

#### Requirements

None

#### Recommendation

- a** The service should publish its complaints procedure on its website so that patients can easily find information on how to make a complaint (see page 9).

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

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendation

- b** The service should develop and implement a quality improvement plan (see page 17).

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

This was previously identified as a recommendation in the May 2021 inspection report for Centre for Implant Dentistry.

## 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

**Telephone:** 0131 623 4300

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

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We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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