

Announced Inspection Report: Independent Healthcare

Service: Christopher Sale Dentistry Ltd, Edinburgh

Service Provider: Christopher Sale Dentistry Ltd

25 January 2023

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 8 January 2020

Recommendation

The service should implement a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

The service had now implemented a formalised process to gain patient feedback. We saw a patient comments and suggestions book in the waiting area. Patients also now received a text message after each visit, asking them to score their experience and add any additional comments. This feedback was reviewed daily and discussed at practice meetings and daily huddles if the feedback needed some immediate action to be taken.

Recommendation

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

Action taken

An audit programme had now been introduced that included audits of emergency drugs, the medical emergency kit, decontamination (cleaning) processes and radiography processes. A feedback audit had also recently been introduced to review patient feedback.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

A formal quality improvement plan had not yet been implemented. This is reported further in Quality indicator 9.4.

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 Christopher Sale Dentistry Ltd on Wednesday 25 January 2023. We spoke with three members of staff during the inspection. We received feedback from seven 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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Christopher Sale Dentistry Ltd, 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 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. Re-usable dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental combined practice inspection checklist were met. A legionella risk assessment, ventilation assessment and radiation safety assessments must be carried out.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Leadership was visible, open and supportive with the practice owner (lead dental practitioner) and practice manager regularly present and available. Staff met together regularly to identify how they could contribute to further improving the quality of the service provided and the patient experience. Staff meetings should be formalised and actions documented, and a quality improvement plan should be developed to assist with tracking improvements and outcomes.	✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out. Patient care records included all aspects of assessments, medical history, treatment options, consent, costs and aftercare. The standard of record keeping was very good.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	All staff were suitably trained for their job role and actively kept their skills up to date. Pre-employment checks must be carried out before staff start work and at continued regular intervals to ensure staff remain safe to work 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

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 Christopher Sale Dentistry Ltd to take after our inspection

This inspection resulted in four 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

Christopher Sale Dentistry Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Christopher Sale Dentistry Ltd 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 access the service's complaints procedure.

Key information about the services offered was available on the service's website and in written information available in the practice. 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 and to complete a text survey after each visit. Feedback was reviewed every day and discussed at the weekly practice meetings. If any negative feedback was received, this was discussed at the morning daily staff huddle. The service reviewed online testimonials and responded to them where appropriate. The feedback and testimonials we reviewed were very positive. Patients who completed our online survey were also very complimentary about the service and its staff. Comments included:

- 'Everyone in the practice is incredibly polite, caring and their attention to detail is outstanding. I always feel really happy when I visit the practice.'
- 'You're not just a patient, you're a person and they are very empathetic to your emotions and reactions, therefore it's very difficult to feel scared or not confident as you know the practice has your best interests at heart and are here to support you past the medical side.'
- 'Everything was made very clear before and after treatment, and the team were very friendly and welcoming while doing it. I haven't received better care anywhere else.'

A duty of candour procedure described how the provider would meet its responsibility to be honest with patients if things went wrong with their treatment or care. Key staff had undertaken training on the principles of duty of candour and annual reports were published as required.

What needs to improve

Although the service's complaints policy and procedure was easily accessible in the practice waiting area, it had not been published on the service's website. We discussed this with the service manager who agreed this would provide patients with easy access to information on how to make a complaint. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

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. A legionella risk assessment, ventilation assessment and radiation safety assessments must be carried out.

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 the majority of the best practice criteria on this inspection were met.

The service was delivered from premises that provided a clean environment for patient care and treatment. The fabric and finish of the building was satisfactory. At the time of our inspection, all areas were clean, tidy and well organised. The service's two treatment rooms were well designed and fully equipped for the procedures offered. Adequate systems and processes were in place to make sure the care environment and equipment were maintained in safe condition, including appropriate fire safety and electrical safety checks.

The onsite decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments were safely and easily transported between the treatment room and decontamination room. Staff knew the service's decontamination process and clear processes were in place to ensure effective decontamination of instruments. A staff member showed us how the team 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 the service was still asking patients to wear face masks, in line with current national guidance for healthcare premises.

All staff carried out yearly training in the management of medical emergencies, delivered by an external training provider. The service also carried out in-house training every 6 months to refresh staff knowledge in how to deal with medical emergencies. All the necessary emergency drugs and equipment, including a defibrillator and oxygen, were easily accessible for staff.

Patients who completed our online survey said they were satisfied with the facilities and equipment in the environment where they were treated. Comments included:

- 'The practice is spotless, very clean and tidy. They clearly keep it to an exceptionally high standard.'

What needs to improve

There were no up-to-date radiation safety assessments for the two intra-oral X-ray machines. These assessments should be carried out every 3 years (requirement 1).

Legionnaires' disease is a lung infection that can be caught by inhaling small droplets of water suspended in the air which contain the bacteria. The service had implemented some control measures for managing the risk of legionella, such as cleaning dental water lines. However, there was no evidence that an appropriate legionella risk assessment had been carried out or that a suitable water safety management plan was in place (requirement 2).

We found no evidence that a suitably qualified engineer had carried out a ventilation assessment of each clinical area in the service (requirement 3).

The last electrical installation condition report (EICR) had been carried out in March 2020. Some improvements had been identified but the contractor had been unable to complete the work. The service manager had already arranged for another EICR to be carried out within 2 weeks of our inspection. We also noted the service was carrying out appropriate in-house fire safety checks and had arranged for an updated fire risk assessment to be carried out within 2 weeks of our inspection. We will follow up the results of both the fire risk assessment and EICR at the next inspection.

Requirement 1 – Timescale: by 4 April 2023

- The provider must arrange for a radiation safety assessment to be immediately carried out on each intra-oral X-ray machine and complete all actions identified from the subsequent performance report.

Requirement 2 – Timescale: by 4 April 2023

- The provider must arrange for a specialist water management company to undertake an appropriate legionella risk assessment of the premises. Any actions highlighted by the company must be resolved within an appropriate timescale.

Requirement 3 – Timescale: by 2 May 2023

- The provider must arrange for a suitably qualified engineer to carry out a ventilation assessment of each clinical area in the service. Remedial action must be taken, where necessary, to ensure the ventilation meets current national guidance.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out. Patient care records included all aspects of assessments, medical history, treatment options, consent, costs and aftercare. The standard of record keeping was very good.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Patients were often given detailed hand drawn pictures of the treatments that were planned. Patients were given the opportunity to ask questions, and there was evidence to show that the risks and benefits of all appropriate treatment options had been

provided to the patient. Consent to treatment was recorded in patient care records, and patients were given enough time and support before consenting to treatment. Other information in the patient care records included:

- assessment
- medical history
- treatment options
- treatment plan
- radiographs (X-ray images)
- clinical photographs
- aftercare advice, and
- follow-up care.

Each dentist provided patients with a personal mobile number to contact if they experienced any out-of-hours emergencies or complications after oral surgery, including dental implant treatment. 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 following treatment with recall and hygiene appointments set at defined intervals based on individualised patient risk assessments. This was recorded in the patient care records.

All patients that responded to our survey felt involved in decisions about their care and treatment, and felt they were given sufficient time to reflect on their options before giving consent. Comments included:

- ‘... they gave me a timeframe to understand when it would be best to get the procedure done as my teeth were not in immediate danger. I was given as long as I needed to decide on my route of treatment.’
- ‘I was given information for all of the potential routes I could go in and so I was able to make an informed decision on the matter.’

Patient care records were held securely on an electronic database and back-up systems were in place in case of failure. 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

All staff were suitably trained for their job role and actively kept their skills up to date. Pre-employment checks must be carried out before staff start work and at continued regular intervals to ensure staff remain safe to work in the service.

The service checked professional registration status before staff started in their role, such as registration with the General Dental Council. New employees were well supported by the team and an induction plan and checklist were in place for all new staff.

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.

Staff met each week to discuss operational issues such as patient feedback, current updates about the service and any ongoing improvement work that was taking place. Daily huddles took place and all staff were expected to attend these at the start of the working day. These huddles discussed any potential challenging treatment cases, ensured all equipment and materials were available for patients and ensured everyone understood their responsibilities for the day.

Appraisals were carried out every year for all staff. These helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education.

Patients that responded to our survey had confidence in staff knowledge and skills. Comments included:

- ‘All staff are very knowledgeable and I always feel comfortable asking questions. ... clearly very skilled clinicians.’

What needs to improve

Part of a safe recruitment process is ensuring appropriate checks are carried out on new staff, before they are appointed. Although the service carried out background checks and sought health clearance certification for relevant staff, this was done as part of an induction plan rather than at the recruitment stage. Appropriate checks must be carried out on staff before they are appointed to make sure they are safe to work in the service. For example, background checks, immunisation status, professional registration status, indemnity insurance checks and references. There should also be a system in place to re-check these at regular intervals (requirement 4).

Requirement 4 – Timescale: by 4 April 2023

- The provider must review its recruitment policy and process and ensure that appropriate checks are carried out on staff before they are appointed and that key ongoing checks then continue to be carried out regularly.

- 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 and supportive with the practice owner (lead dental practitioner) and practice manager regularly present and available. Staff met together regularly to identify how they could contribute to further improving the quality of the service provided and the patient experience. Staff meetings should be formalised and actions documented, and a quality improvement plan should be developed to assist with tracking improvements and outcomes.

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. Despite the challenges of the pandemic, the management team was positive about building strong staff relationships to continue to deliver an exceptional service to their patients.

The practice owner was a member of a range of dental organisations. They were very interested in research and science-based dentistry and had produced their own research papers. The practice manager regularly reviewed and worked with the team to discuss any changes or improvements needed.

What needs to improve

There was 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 enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation a).

While we were told that staff met regularly to discuss service improvement, not all meetings were documented. A more formal system for recording the outcomes of these meetings, including any actions to be taken forward and monitored, would help keep track of improvements and accountability (recommendation b).

- No requirements.

Recommendation a

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

Recommendation b

- The service should record all meetings including any actions to be taken forward and monitored, as well as identifying those responsible for these actions.

Appendix 1 – Requirements and recommendations

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

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

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

Requirements

- 1** The provider must arrange for a radiation safety assessment to be immediately carried out on each intra-oral X-ray machine and complete all actions identified from the subsequent performance report (see page 13).

Timescale – by 4 April 2023

Regulation 3(a)

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

- 2** The provider must arrange for a specialist water management company to undertake an appropriate legionella risk assessment of the premises. Any actions highlighted by the company must be resolved within an appropriate timescale (see page 13).

Timescale – by 4 April 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

- 3** The provider must arrange for a suitably qualified engineer to carry out a ventilation assessment of each clinical area in the service. Remedial action must be taken, where necessary, to ensure the ventilation meets current national guidance (see page 13).

Timescale – by 2 May 2023

Regulation 3(a)

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

Recommendations

None

Domain 7 – Workforce management and support

Requirement

- 4** The provider must review its recruitment policy and process and ensure that appropriate checks are carried out on staff before they are appointed and that key ongoing checks then continue to be carried out regularly (see page 16).

Timescale – by 4 April 2023

Regulation 8

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

Recommendations

None

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
a	<p>The service should develop and implement a quality improvement plan (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the January 2020 inspection report for Christopher Sale Dentistry Ltd.</p>
b	<p>The service should record all meetings including any actions to be taken forward and monitored, as well as identifying those responsible for these actions (see page 18).</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:

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Email: his.ihcregulation@nhs.scot

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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