

Announced Inspection Report: Independent Healthcare

Service: OHH! Oral Health Hygienist Ltd, Cumbernauld

Service Provider: OHH! Oral Health Hygienist Ltd

2 May 2023

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to OHH! Oral Health Hygienist Ltd on Tuesday 2 May 2023. We spoke with two staff and received 54 responses to a patient survey questionnaire we asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For OHH! Oral Health Hygienist 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	Staff strived to provide a personalised, bespoke service to patients. Patients were invited to provide feedback through various methods, and this was shared with staff. Key patient information was available through the service's website or in the practice. This included information on how to make a complaint and the service's duty of candour report.	✓✓ 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, well maintained and well-equipped environment. Reusable dental instruments were decontaminated (cleaned) in the service's on-site decontamination room. The service met all of the criteria from the national dental practice inspection checklist used during this inspection.	✓✓ Good
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) always present and available. Staff felt they could contribute positively to improving the quality of the service provided. There was a strong approach to quality improvement, including a quality improvement plan helping 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	Comprehensive patient assessments were carried out. Patient care records provided information about all aspects of consultations, assessments, treatments, costs and aftercare. Detailed information was provided to patients before and after their initial assessment appointments, and throughout the course of their treatment.

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. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out.

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 OHH! Oral Health Hygienist Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at OHH! Oral Health Hygienist Ltd 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

Staff strived to provide a personalised, bespoke service to patients. Patients were invited to provide feedback through various methods, and this was shared with staff. Key patient information was available through the service's website or in the practice. This included information on how to make a complaint and the service's duty of candour report.

A significant amount of patient information and educational material was available on the service's website. Patients were also given individualised information through email or text, and this included website links to additional information, where appropriate. A treatment fee guide was also visible in the waiting area. We were told the team made every effort to provide a personalised, bespoke service, and stay in regular contact with its patients. This included birthday messages and 'keep in touch' emails, as well as letters with small gifts to thank them for being a patient of the practice.

The service gathered feedback from patients in a variety of ways. This was documented in a process to guide the gathering of feedback. Patients were encouraged to provide verbal feedback at any time during treatment and had opportunities to ask questions throughout their appointments. All patients were asked for their verbal feedback after each visit. Patients were also encouraged to provide an online review in the practice using a clinic handheld tablet. Each patient was also contacted after their appointment and asked to complete an email or text feedback questionnaire. They could also provide a review through the service's website to online search engines or social media sites or by accessing the online review tools themselves. The service checked all patient feedback regularly and responded where it could. We saw evidence that all patient feedback was shared with staff at the practice meetings.

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

- ‘My son has a degenerative brain condition and [...] has went above and beyond, when he was more able [...] went out of their way to facilitate treating him, and now he is unable to attend [...] still goes above and beyond sourcing me products and special brushes to help me try to keep his mouth healthy.’
- ‘From booking my appointment to leaving after each visit I feel listened to and taken care of and at each visit anything that is discussed for me to follow up at home is then forwarded to me with links and with a thank you message for choosing OHH!’
- ‘I’m never rushed, time is taken to check how I am and chat before my treatment then everything is fully explained after my assessment... and [...] checks throughout that I’m ok. I have always felt rushed in other dentists.’

The service’s complaints procedure was displayed on its website and in the reception area. The procedure encouraged early communication if patients raised any queries or concerns and made clear that patients could contact Healthcare Improvement Scotland at any time. No complaints about the service have been received since the service was registered with Healthcare Improvement Scotland in June 2021. We saw that staff had been trained in complaints handling.

A duty of candour procedure described how the provider would meet its responsibility to be honest with patients if something went wrong. Duty of candour training had been carried out by the team. The service’s duty of candour report was easily accessible on the service’s website.

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

NHS dental services are inspected using the national Combined Practice Inspection Checklist to ensure the safe delivery of care. This checklist has a number of essential and best practice criteria for dental practices including:

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

We carried out the same combined practice inspection checklist during this inspection. All 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 clinic was in good condition. At the time of our inspection, all areas were clean, tidy and very well organised. The service's two treatment rooms 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 decontamination equipment, electrical safety, water safety and fire safety checks. Contracts were in place to ensure the decontamination equipment was regularly serviced.

The on-site decontamination room was well equipped with a washer disinfectant and an autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination room. Informative signage and visual reminders were available for staff to ensure the service's decontamination process was fully followed. The practitioner described how the service safely processed instruments in the decontamination room. A range of checklists helped to ensure staff completed all tasks on a daily basis.

Infection prevention and control policies and procedures were in line with national guidance. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection. A contract was 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 asked if they had any COVID-19 symptoms 2 days before treatment and again on entering the practice.

The service had a business continuity plan, adverse events policy and medical emergency procedure in place to guide staff through what to do if something unexpected happened.

A range of daily, weekly and yearly audits were completed to ensure that all policies and procedures were being followed. For example, we saw evidence of a yearly audit for risk management, health and safety, and decontamination. These helped to ensure a very high standard of safe delivery of care for patients.

The practitioner also carried out a range of patient care audits, including clinical record keeping, periodontal (gum health) status and medical history status. The results from audits were analysed with reports produced and discussed at staff meetings. Audit results were used to drive improvement with changes or improvements made where required. For example, the practitioner had recently updated the treatment care record to ensure there was explicit mention of consent as the audit had shown some gaps in the patient care records.

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.

Patients who responded to our survey commented:

- 'Everything is immaculate.'
- 'More than satisfied the clinic is fabulous.'
- 'I don't actually think satisfactory is the correct term I would use impressed to describe the facilities and equipment.'

What needs to improve

An air conditioning system had been installed and natural ventilation was provided by opening windows in the treatment rooms. However, a ventilation assessment had not been carried out to establish whether the specification met current best practice guidance. We discussed this with the practitioner and were told a ventilation assessment would be undertaken in the near future. 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

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

The majority of patient referrals were on a self-referral basis. Patients could contact the service and refer themselves by email, website or by telephone. Any practitioners who referred their patients to the service were provided with regular communication at each stage of the patient journey.

A consent policy and procedure was in place. Consent to treatment was always gained by the practitioner before treatment started. The costs of the initial assessment and consultation were discussed with patients when booking their appointment. Once the patient was assessed, any treatment plan, along with costs, was discussed in detail.

We reviewed five electronic patient care records. The practitioner used a template clinical note format and amended this for every patient. The notes were comprehensive, detailing assessment and clinical examinations, consent, treatment, costs and aftercare information. Patients were also provided with written information and electronic links to oral health advice and information on the use of cleaning aids to help with their oral health care regime.

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

The service had an online practice management software system and a suitable back-up system was in place in case of failure of the system. The provider was registered with the Information Commissioner's Office (an independent authority for data and privacy rights) to make sure it handled confidential patient information safely and securely.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Safe recruitment and induction systems were in place. All staff were suitably trained for their job role and were actively keeping their skills up to date. Regular staff appraisals were carried out.

A robust staff recruitment and induction process was in place. New employees were well supported by the team. We saw evidence that all staff had undergone relevant background and health clearance checks, including Protecting Vulnerable Groups (PVG) checks. We were told the provider was looking at innovative ways to try and recruit a qualified dental nurse, such as offering to provide individual terms and conditions of service, for example flexible working.

Despite being a small team, it was clear that staff had individual responsibilities and had been suitably trained for their roles. Annual appraisals took place to discuss employees' performance and development goals were set for each staff member.

The provider supported staff in their training and development by funding access to an online learning portal. All staff could access training modules in a range of areas, such as health and safety, fire safety, safeguarding (public protection) and decontamination. The service was also currently supporting two trainee dental nurses through their training.

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

- 'I have total confidence.'
 - 'I was confident that [...] had the right knowledge and skills.'
 - 'It is very evident that the staff are knowledgeable and [...] is amazing.'
-
- 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) always present and available. Staff felt they could contribute positively to improving the quality of the service provided. There was a strong approach to quality improvement, including a quality improvement plan helping to continually review and develop the service.

The practice owner (lead dental practitioner) was always present and we noted a positive, caring team culture. The practitioner was approachable and actively encouraged staff contributions to help develop and improve the service. For example, the whole team had recently signed up to attend a British Sign Language course to allow them to communicate effectively with patients who were hearing impaired.

The practitioner was very motivated and kept up to date with current regulations and compliance through dental forums, and networking locally and nationally with other dental practitioners. For example, the practitioner gave presentations to a large provider of dental education in Scotland.

The practitioner attended industry training events and was a member of a range of dental organisations. This included the:

- British Association of Cosmetic Dental Professionals
- British Society of Dental Hygiene and Therapy
- International Team for Implantology, and
- Aesthetic Complications Expert (ACE) Group (who provide guidance to help prevent complications in cosmetic treatments).

The practitioner was also treasurer of the local regeneration forum, which aims to improve the lives of local people. This meant they could share their knowledge and skills about oral health care.

Staff formally met every 3 months to ensure the team was updated on operational issues and drive forward any improvement work. Minutes of these formal meetings, with actions detailed, were then circulated to all attendees. Outwith these meetings, the practitioner and the rest of the team also regularly informally talked about improvement activity in the service. As the team was small, changes and improvements could be made quickly and were reviewed to check if a positive impact had been made.

The service had recently introduced a formal quality improvement plan to document improvement processes and outcomes in the service. This should help the service to measure the impact of change and demonstrate a culture of continuous improvement.

- 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.

This inspection resulted in no requirements and no recommendations.

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

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