

# Announced Inspection Report: Independent Healthcare

**Service:** PM Denture Clinic, Hamilton

**Service Provider:** PM Denture Clinic Ltd

7 June 2022

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>14</b>
	<b>Appendix 2 – About our inspections</b>	<b>17</b>
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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 PM Denture Clinic on Tuesday 7 June 2022. We spoke with the main practitioner. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector, with one inspector observing.

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 limited self-evaluation.

### What we found and inspection grades awarded

For PM Denture 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 information was available online and in the clinic, and a complaints procedure was in place. A consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. A more formalised approach to gathering and using patient feedback to improve the service should be developed and duty of candour procedures should be strengthened.	✓ Satisfactory

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	The service was clean, equipment was well maintained and effective measures were in place to reduce infection risks. The fixed electrical wiring installation must be maintained in safe condition. An audit programme would help review the safe delivery and quality of the service.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in best practice guidance and the practitioner kept their professional development up to date. A system should be introduced to review the quality of the service. A quality improvement plan should be developed to evaluate and measure the quality, safety and effectiveness of the service delivered.	✓ 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	All patients received an assessment before any treatment was carried out. Patient's next of kin contact details should be documented in patient care records. Contact details for patients' GPs or dentists should also be recorded, along with the patient's consent to share information with them, if necessary.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	The service was small and employed two staff. Responsibilities were clearly defined and staff appeared to work well together.

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 PM Denture Clinic Ltd to take after our inspection

This inspection resulted in one requirement six 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

PM Denture Clinic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at PM Denture Clinic 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

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**Patient information was available online and in the clinic, and a complaints procedure was in place. A consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. A more formalised approach to gathering and using patient feedback to improve the service should be developed and duty of candour procedures should be strengthened.**

Patients could make appointments online, by phone or in person at the clinic and the service had a website where patients could view further information. A consultation with the practitioner allowed patients to discuss and agree if treatment was appropriate for them.

Patients were encouraged to provide testimonials on social media and the service's website. We also saw several thank you cards from patients. Although we did not receive any responses to our feedback survey we had asked the service to advertise during the inspection process, we saw that the vast majority of the service's own feedback and reviews were very positive.

The service's duty of candour policy described how it would meet its professional responsibility to be honest with patients when things go wrong. A safeguarding policy had also recently been developed that described the reporting process staff would follow if they had any concerns about adults at risk of harm.

A complaints policy detailed how patients could complain to the service about their experience and how they could complain to Healthcare Improvement Scotland at any time. The complaints procedure was displayed in the reception area and we were told the practitioner planned to add information to the service's website.

### **What needs to improve**

There was no formalised approach to gathering and evaluating feedback and using it to identify and make improvements to the service. A patient participation policy would help the service focus on improving its service through patient feedback (recommendation a).

The service's duty of candour policy did not set out the actions staff would follow in response to unintended or unexpected patient harm. It also did not describe how the service would meet its responsibility to publish annual duty of candour reports. It also referred to the wrong regulator, rather than Healthcare Improvement Scotland (recommendation b).

- No requirements.

### **Recommendation a**

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

### **Recommendation b**

- The service should continue to develop its duty of candour policy to ensure it refers to the healthcare regulator for Scotland (Healthcare Improvement Scotland) and sets out the actions to be followed in response to unintended or unexpected patient harm. A duty of candour report should also be produced and published every year.



## 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

**The service was clean, equipment was well maintained and effective measures were in place to reduce infection risks. The fixed electrical wiring installation must be maintained in safe condition. An audit programme would help review the safe delivery and quality of the service.**

The clinic environment was clean and equipment was fit for purpose. An infection prevention and control policy was in place and measures had been implemented to reduce infection risks. This included a good supply of personal protective equipment, such as disposable gloves, and a contract with a specialist waste management company for the safe uplift and disposal of clinical waste. Alcohol-based hand rub, hand soap and disposable paper towels were used to promote good hand hygiene. Cleaning procedures were in place to ensure the clinic environment and patient equipment were cleaned regularly and between patients.

Building security measures, fire safety equipment and portable electrical appliances were all regularly maintained and records kept. Insurance documents for public liability, employer's liability and professional indemnity were in date.

No medications were used in the service. However, an emergency kit was kept and appropriately maintained. Although no serious accidents or incidents had been reported in the service, a system was in place to record and manage accident and incident reporting.

#### What needs to improve

We did not see any evidence that the fixed electrical wiring installation had been maintained in safe condition (requirement 1).

The safeguarding policy referred to the English disclosure body and did not describe the process that would be followed if a safeguarding issue was identified. For example, the policy should include contact details for the local authority social services department and police station that staff should report concerns to (recommendation c).

The service had no quality assurance structures in place which meant that the quality of the service was not being regularly reviewed. An audit programme would help the service measure quality and identify areas for improvement (recommendation d).

### **Requirement 1 – Timescale: by 30 August 2022**

- The provider must arrange for a suitably competent electrician to carry out an electrical installation condition check on the premise's fixed electrical wiring installation and ensure the electrical installation is continually and appropriately maintained in line with relevant legislation.

### **Recommendation c**

- The service should continue to develop its safeguarding policy to include the process staff will follow if a safeguarding issue is identified and refer to the correct disclosure body.

### **Recommendation d**

- The service should develop a formal audit programme to cover all aspects of care and treatment. Audits should be documented and improvement action plans implemented.

## **Our findings**

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

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**All patients received an assessment before any treatment was carried out. Patient's next of kin contact details should be documented in patient care records. Contact details for patients' GPs or dentists should also be recorded, along with the patient's consent to share information with them, if necessary.**

Electronic patient care records were used to record the care and treatment provided. These were stored on a clinic computer which was password protected. We reviewed five patient care records and saw evidence of each patient's consultation and assessment. For most patients, this included their medical history, prescribed medicines and allergies. The only exception to this

was one patient whose dentist had referred them to the service for a repair to their denture. There was no need for the practitioner to see the patient in this particular circumstance.

Treatment plans were agreed between the practitioner and patients before starting treatment. This was then documented in the patient care record. Patients that went on to receive treatment were given an aftercare letter explaining how to look after and clean their dentures. Patients were also invited back for a review appointment 2 weeks after their treatment to check they were satisfied with the outcome.

### **What needs to improve**

Patient's next of kin details had not been recorded in any of the patient care records we reviewed, neither had the patient's dentist or GP contact details. There was also no system for recording patients' consent to share information with their dentist or GP. This meant that, in an emergency, it would be difficult to make contact with the patient's relatives, or share appropriate information with the patient's dentist or GP (recommendation e).

During the COVID-19 pandemic restrictions, the practitioner was signing consent forms on behalf of the patient at the end of their consultation and assessment, to reduce the risk of infection transmission. Staff agreed that this practice would cease with immediate effect and patients would revert back to signing consent forms themselves.

- No requirements.

### **Recommendation e**

- The service should ensure that the patient's next of kin and dentist or GP contact details are routinely recorded in patient care records, along with the patient's consent to share relevant information with their dentist or GP, where relevant.

## 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

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**The service was small and employed two staff. Responsibilities were clearly defined and staff appeared to work well together.**

The service was run by a husband and wife team with no other staff employed. A recruitment policy was in place and staff could describe the process they would follow to recruit staff. However, we were told there were no plans to do so at this time. We saw that staff were appropriately trained for the roles they performed. Individual responsibilities had been clearly agreed between the two staff members which appeared to be working well.

- 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

**The service kept up to date with changes in best practice guidance and the practitioner kept their professional development up to date. A system should be introduced to review the quality of the service. A quality improvement plan should be developed to evaluate and measure the quality, safety and effectiveness of the service delivered.**

The practitioner was a clinical dental technician registered with the General Dental Council. They maintained their professional development and kept up to date with changes to best practice through membership of industry bodies, attending relevant conferences and training events, and being a member of the Dental Technologists Association.

#### What needs to improve

A quality improvement plan would help to structure and record the service's improvement activities and outcomes. This would then allow the service to demonstrate continuous quality improvement and measure the impact of any improvements made (recommendation f).

- No requirements.

#### Recommendation f

- The service should develop and implement a quality improvement plan to structure and record the service's improvement activities and outcomes.

## 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	
Recommendations	
<b>a</b>	<p>The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>b</b>	<p>The service should continue to develop its duty of candour policy to ensure it refers to the healthcare regulator for Scotland (Healthcare Improvement Scotland) and sets out the actions to be followed in response to unintended or unexpected patient harm. A duty of candour report should also be produced and published every year (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>

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

### Requirement

- 1** The provider must arrange for a suitably competent electrician to carry out an electrical installation condition check on the premise's fixed electrical wiring installation and ensure the electrical installation is continually and appropriately maintained in line with relevant legislation (see page 10).

Timescale – by 30 August 2022

*Regulation 3(a)*

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

### Recommendations

- c** The service should continue to develop its safeguarding policy to include the process staff will follow if a safeguarding issue is identified and refer to the correct disclosure body (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

- d** The service should develop a formal audit programme to cover all aspects of care and treatment. Audits should be documented and improvement action plans implemented (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

- e** The service should ensure that the patient's next of kin and dentist or GP contact details are routinely recorded in patient care records, along with the patient's consent to share relevant information with their dentist or GP, where relevant (see page 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>f</b>	<p>The service should develop and implement a quality improvement plan to structure and record the service's improvement activities and outcomes (see page 13).</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](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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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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