

# Announced Inspection Report: Independent Healthcare

**Service:** Queens Cross Dental, Aberdeen

**Service Provider:** Avsan QueensCross Limited

24 October 2022

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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 18 December 2020**

#### **Recommendation**

*The service should ensure clinical waste is stored appropriately whilst awaiting uplift.*

#### **Action taken**

An external lockable clinical waste bin had been purchased to store the clinical waste before a licensed waste contractor uplifted it.

#### **Recommendation**

*The service should ensure all the required information in patient care records is consistently recorded.*

#### **Action taken**

A standard template was being used to record information in the patient care records. Patient care record audits were also being carried out to help improve staff consistency of note-taking.

## 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

Avsan QueensCross Limited is a subsidiary of Bupa Dental Care and is the registered provider for Queens Cross Dental. The service operates within Bupa Dental Care corporate frameworks and policies. We carried out an announced inspection to Queens Cross Dental on Monday 24 October 2022. We spoke with a number of staff during the inspection. We did not receive any feedback from patients to 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.

### What we found and inspection grades awarded

For Queens Cross Dental, 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	Key information was available to patients on the service's website and in the practice. Patients were consistently asked for feedback to help improve the service and the feedback we saw was very positive. The complaints procedure should be clarified and a protocol developed to inform patients if the practice closes	✓ Satisfactory

	or if the patient's dentist leaves. The service's website should be updated to reflect the services offered.	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>		
5.1 - Safe delivery of care	The environment was modern, clean and well-equipped. Re-usable dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental Combined Practice Inspection Checklist were met. The radiation protection file must be updated.	✓ Satisfactory
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	A clear corporate governance structure was in place. Information, such as corporate updates, changes to best practice and legislation and audit outcomes were shared through a variety of routes across the wider Bupa parent company. Good meeting structures were in place for information sharing. Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Quality improvement was central to the way the service operated.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out and treatments were fully explained and discussed with patients. Patient care records provided comprehensive information about all aspects of care.

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 had personal development plans, 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 Avsan QueensCross Limited to take after our inspection

This inspection resulted in four requirements and three 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)

Avsan QueensCross Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Queens Cross Dental 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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**Key information was available to patients on the service's website and in the practice. Patients were consistently asked for feedback to help improve the service and the feedback we saw was very positive. The complaints procedure should be clarified and a protocol developed to inform patients if the practice closes or if the patient's dentist leaves. The service's website should be updated to reflect the services offered.**

General information was provided on the service's website and in leaflets available in reception. Patients were encouraged to provide verbal feedback at any time during their treatment journey and could ask questions at their treatment plan discussions. An external online provider gathered formalised patient feedback through a questionnaire that patients were asked to complete after each visit. Staff could access these results in real-time. The majority of the feedback received by the service was very positive. The practice manager reviewed comments regularly and shared patient feedback at practice meetings. Negative feedback was automatically treated as a complaint, then recorded and investigated as such.

The provider's governance team oversaw a centralised electronic system used to record and monitor complaints. Complaints were regularly reviewed and analysed to identify learning opportunities. We saw a recent example where further investigations had been carried out on a patient after their complaint. This information was shared at staff meetings.

A duty of candour procedure described how the provider would meet its responsibility to be honest with patients if things went wrong. All clinical staff had carried out training in duty of candour principles.



A complaints procedure was in place and displayed in the reception area and patient information folder.

### **What needs to improve**

We found two different versions of the complaints procedure were in use. Although the practice only treated private patients, one procedure referred to NHS patients. It also did not state that patients receiving private dental care can contact Healthcare Improvement Scotland at any time. A single complaints procedure should make clear the correct complaints process for patients. The service's website should be updated to reflect the correct complaints procedure (requirement 1).

While it was no longer offered, the service's website still advertised that a sedation service was available to patients (recommendation a).

The service did not have a protocol in place to inform patients what would happen if the practice closed or if their dentist no longer worked there (recommendation b).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked. As the provider's policy was a Bupa corporate policy, it was unclear what its arrangements were for producing and publishing yearly reports. The service manager agreed to discuss this with Bupa head office. We will follow this up at future inspections.

### **Requirement 1 – Timescale: immediate**

- The provider must review its complaints procedure to ensure it accurately reflects the correct procedure for making a complaint, including making clear that complainants can complain to Healthcare Improvement Scotland at any time.

### **Recommendation a**

- The service should update their website to ensure that it accurately reflects the services it offered.

### **Recommendation b**

- The service should develop a protocol for informing patients if the practice closes or their dentist will no longer be working there.

## 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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**The environment was modern, clean and well-equipped. Re-usable dental instruments were decontaminated (cleaned) on-site. The majority of the criteria from the national dental Combined Practice Inspection Checklist were met. The radiation protection file must be updated.**

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. The majority of the essential criteria and some of the best practice criteria on this inspection were met.

The service was delivered from spacious and accessible premises that provided a clean environment for patient care and treatment. The fabric and finish of the building was good. The service's treatment rooms were well designed and fully equipped for the procedures offered.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The dental surgeries had X-ray machines, and a specific X-ray machine for taking 3D images was also located in a separate dedicated room.

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 dispose of clinical waste safely. Alcohol-based hand rub was available at the entrance to the premises and patients were asked to wear face masks until seated in the dental chair.

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

An audit programme helped monitor the implementation of key operating procedures and maintain a good standard of care and treatment. This included audits for:

- medicine prescribing
- patient care records, and
- radiography.

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

A comprehensive system was in place to record and manage accidents, incidents and complaints. The practice manager and regional compliance lead regularly monitored these. The regional compliance lead supported the practice manager to analyse trends and identify any issues to be addressed.

### **What needs to improve**

The reporting of 3D scans was not always in line with the *Ionising Radiations (Medical Exposure) Regulations 2017* and guidance notes for dental practitioners on the safe use of X-ray equipment (requirement 2).

Several employer's procedures were missing from the service's radiation protection file. Employer's Procedures set out how patient's exposure to ionising radiation will be safely managed and must be easily accessible to staff at all times (requirement 3).

Some patient equipment items were not able to be cleaned effectively, such as a chair upholstered in soft fabric material in one of the treatment rooms (requirement 4).

While a clear review process was in place for policies and procedures, several policies we saw were past their review date. This meant that staff could have accessed out-of-date information (recommendation c).

The clinical hand wash basin and taps in the decontamination room did not comply with national guidance and no plans were in place to replace them. We spoke to the manager about developing a refurbishment plan for replacing the basin and taps with those that are compliant with national guidance for sanitary fittings, in an appropriate timescale. We will follow this up at the next inspection.

One treatment room and some staff areas were used to store some equipment that was no longer needed. The practice manager told us this equipment was awaiting collection. We will follow this up at future inspections.

#### **Requirement 2 – Timescale: immediate**

- The provider must ensure that all reporting of 3D scans is in line with relevant legislation.

#### **Requirement 3 – Timescale: immediate**

- The provider must ensure that a copy of each Employer's Procedure is kept within the radiation protection file so that staff can easily access them.

#### **Requirement 4 – Timescale: immediate**

- The provider must remove or cover items from within treatment rooms that are not able to be effectively decontaminated.

#### **Recommendation c**

- The service should ensure policies and procedures are regularly reviewed and updated to make sure staff always have access to the most up-to-date information.

### **Our findings**

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

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

Patients could self-refer to the service or be referred from their general dental practitioner for specialist treatment. Patients could also register at the practice for their general dentistry requirements, including hygiene treatments. Referring dentists were given a letter informing them of their patient's treatments.

Patients requiring complex treatments could access a treatment co-ordinator. The treatment coordinator would assign the patient the most appropriate clinician to treat them. The treatment co-ordinator followed the patient's treatment journey, from making their initial appointment to discussing treatment plan options and costs.

Information was provided on the risk and benefits to treatment and a consent process was in place. This meant patients were involved in planning their treatment, with costs discussed as part of the consultation and assessment process.

Patients were given a full explanation of their treatment before it took place. Written consent was obtained from the patient before any treatments were carried out. Written consent was obtained for:

- endodontic (root treatment)
- facial aesthetic treatments
- implants, and
- photographs of the patient's smile before-and-after treatment.

Other information in patient care records included:

- assessment
- treatment plan
- aftercare advice, and
- follow-up.

Patients received a printed or emailed copy of their treatment plan to take home. We found patient care records were of a good standard with notes clearly written, signed and dated. Records were held securely on an electronic database and the provider was registered as a data controller with the Information Commissioner's Office.

- 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 had personal development plans, were appropriately trained for their job role and had opportunities for training and development.**

A recruitment policy and standard operating procedures set out how recruitment was carried out. Checks were carried out before staff started in their role, including checking their professional registration status and background checks with Disclosure Scotland. An external recruitment company carried out these checks. Staff supported new employees and an induction plan and checklist were in place.

Staff understood their individual role and had been suitably trained for it. Staff we spoke with were clear about the responsibilities of other team members and knew who they should contact for information or to resolve an issue. They kept up to date with changes in legislation and best practice through online training courses and continuous professional development. Staff could access a number of online training modules through the staff intranet. The intranet also provided access to corporate information, such as policies and procedures. Staff were required to regularly complete mandatory training modules. Some of these modules were part of the corporate induction process, while others were introduced if additional training was required in a particular area. For example, a duty of candour mandatory training module had been developed for all clinical staff to complete.

An external company carried out two separate staff satisfaction surveys on an ongoing basis: one for employed staff and one for self-employed staff. Results were regularly analysed and improvements made where possible.

An employee representative was available for staff to raise issues with at any time and take forward suggestions to regional employee representative meetings. These meetings were carried out every 3 months. Information was shared between the service and head office where necessary. We were told about a recent example where employee representatives helped find a new uniform supplier to improve the quality and supply of staff uniforms.

Goal-setting performance meetings were held every 6 months for staff. Staff were given a pre-appraisal form to complete before these meetings. This helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education. All staff also had monthly one-to-one meetings with their direct line manager.

- 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

**A clear corporate governance structure was in place. Information, such as corporate updates, changes to best practice and legislation and audit outcomes were shared through a variety of routes across the wider Bupa parent company. Good meeting structures were in place for information sharing. Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Quality improvement was central to the way the service operated.**

Quality improvement was central to the way the service operated. Systems were set up to generate opportunities to identify learning and improvement and share this among staff both in the service and across the wider organisation. Examples included:

- accidents, incidents and near misses
- a comprehensive audit programme
- evaluation of complaints
- external quality assurance audits from head office, and
- patient feedback analysis.

The service is one of three Bupa practices in Scotland that offer specialised dental treatments. Clear governance structures were in place and a compliance team was available at Bupa head office for support and guidance. This team also carried out yearly inspections and intermittent audits of the service to make sure all corporate operating procedures were being followed. Bupa's corporate electronic system of audit, known as MOT, includes a range of audit topics such as hand hygiene, patient care records and radiation safety. Staff in the service used this audit system to audit these topic areas every 3 months. This helped to ensure regular review of the quality of the service provided.



The area manager visited the service every 2 months, as part of a quality assurance visit. Weekly calls were held between the service manager and other managers in their designated local area to provide updates and share information about current practice.

Head office provided weekly newsletters and clinical bulletins every 2 weeks for staff to share operational information and learning from across the organisation. This is so that individual practices could learn from each other.

Clinical staff discussed any issues and plans for the day ahead at the daily morning huddles. A clinical safety alert system was in place to alert staff to any immediate issues quickly.

Staff spoke highly of service leadership and it was clear that the practice manager was a present leader and available for staff when they needed them. Bupa recently introduced a dental nurse retention scheme to try and encourage dental nurses to remain with the company. The scheme provided gave dental nurses more development and advancement opportunities, as well as an increased pay rate and days off for special events. Staff told us they felt supported, encouraged to develop and had good opportunities to learn and progress in the company. The practice manager had recently been given additional responsibility for equality, diversity and inclusion and developing training in this area to staff.

- No requirements.
- No recommendations.

## Appendix 1 – Requirements and recommendations

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

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

### Domain 2 – Impact on people experiencing care, carers and families

#### Requirement

- 1 The provider must review its complaints procedure to ensure it accurately reflects the correct procedure for making a complaint, including making clear that complainants can complain to Healthcare Improvement Scotland at any time (see page 9).

Timescale – immediate

*Regulation 15(6)(a)*

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

#### Recommendations

- a The service should update their website to ensure that it accurately reflects the services it offered (see page 9).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

- b The service should develop a protocol for informing patients if the practice closes or their dentist will no longer be working there (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.12

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

### Requirements

- 2** The provider must ensure that all reporting of 3D scans is in line with relevant legislation (see page 12).

Timescale – immediate

*Regulation 3(a)*

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

- 3** The provider must ensure that a copy of each Employer's Procedure is kept within the radiation protection file so that staff can easily access them (see page 12).

Timescale – immediate

*Regulation 3(a)*

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

- 4** The provider must remove or cover items from within treatment rooms that are not able to be effectively decontaminated (see page 12).

Timescale – immediate

*Regulation 3(d)(ii)*

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

### Recommendation

- c** The service should ensure policies and procedures are regularly reviewed and updated to make sure staff always have access to the most up-to-date information (see page 12).

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

## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](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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